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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### LECTURES ON THE SURGERY OF THE FACE.

BY FRANCIS MASON, F. R. C. S.,

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#### LECTURE III.—PART III.

##### NON-CONGENITAL DEFORMITIES OF THE FACE.

Having disposed of the congenital malformations, I now pass on to consider the deformities of the face occasioned by accident or disease.

A very rare case of unilateral atrophy of the face, caused by pressure of a thin cicatrix on the left side of the face and neck, is reported by Dr. Hering in Langenbeck's Surgery (1867); and an interesting example of hypertrophy of the lower part of the face has been published by Mr. Barwell, by whose kindness I am enabled to show you these photographs. Tumors of the

lips of course produce more or less deformity, and to these I referred in my first lecture on the diseases of the face.

*Plastic Operations on the Face.*—There is perhaps no department in surgery that has received more attention than plastic operations of the face; and as every case must be judged on its own merits, no exact or fixed rule can be laid down as applicable to all.

With regard to such operations it will be well to consider them as two distinct classes: 1. Those that are undertaken for disease, and to remedy deformities necessarily occasioned by the surgeon in removing epitheliomatous or other growths; 2. Those that are undertaken to improve deformities occasioned by accidents, such as burns, gunshot injuries, etc.

Respecting the upper and lower lips much may be done without resorting to the transplantation of skin. The soft parts of the face are so mobile that with proper precautions they may be stretched to almost any extent, the one point necessary being that the soft structures should be thoroughly separated from the subjacent bone; hence some surgeons, Mr. Furneaux Jordan among the number, speak confidently of making a mouth with one lip, either upper or lower.

*The Formation of a New Upper Lip.*—Various plans have been suggested and practiced to form a new upper lip. Thus Bérard made two parallel and almost vertical incisions, so as to include a portion of the skin of the cheek on each side of the nose, and, bringing the flaps downward, united them in the middle line. Sédillot dissected a square portion of skin from each cheek, and united the parts in the center. Dieffenbach made an S-shaped incision on each side of the alæ of the nose, and, detaching the flaps, brought them down to the median line. And the late Mr. Teale, of Leeds, in operating for the restoration of the upper lip after burns, made "a crucial incision having its point of intersection immediately below the septum of the nose." In a case of severe burn of the face which was recently under my care, and in which there was great eversion of the upper lip, I made a V-shaped incision through the whole thick-

ness of the lip, leaving the prolabium; the edges were then brought down; and thus, when the parts were united, the incision assumed the form of a Y. I referred to this patient in my last lecture.

*Restoration of Lower Lip.*—In remedying deformities of the lower lip after removal of disease, Buchanan's operation, which was first performed by that surgeon on May 20, 1835, is sufficiently well known to you to require no comment from me.

Chopart operated thus: He made a vertical cut from the free edge of the lip on each side of the disease, and carried the incision under the chin. The quadrilateral flap is dissected off from above downward. A transverse incision is then made below the disease, and the remaining portions brought up to the free edge of the lips.

For extreme deformities of the lower lip from burns I believe the best kind of operation is that designed by the late Mr. Teale, and as you are doubtless familiar with the details of that operation I need not occupy time by describing it. In relation to this subject I may be permitted to refer to a case that was under my observation in which there was great deformity of the face, neck, and chest, with a gradual and daily increasing dragging down of the lower lip. In this example I performed an operation known as *autoplastie par glissement*. Two bridges of skin were raised on each side and brought together in the median line. The details of the operation are fully reported in the St. Thomas's Hospital Reports for 1872.

*Restoration of Mouth.*—In injuries, as from burns, the mouth is sometimes so contracted as to be a great discomfort to the patient. Some years ago I operated on a girl with a singularly contracted mouth in the following manner: I passed a wire through the cheek about half an inch from each angle of the mouth, and allowed it to remain until a permanent hole was established. When the hole had quite healed I introduced a knife through the aperture and divided the soft structures into the mouth, and stitched the mucous and cutaneous surfaces together.

Mr. Husband, of York, refers to a case of much the same kind which was under his care. The patient was a young man aged nineteen, who was severely burnt when he was six months old. The mouth was all but closed.

*Restoration of the Nose.*—When the whole or greater part of the nose has to be restored the surgeon may select one of three methods: 1. The French method of taking a flap or flaps of skin from the face; 2. The Indian method, which consists in taking a flap of skin from the forehead; 3. He may choose the Italian or Taliacotian operation.

I will now speak of these methods categorically; and first, with regard to restoring deformities of the nose by the French method (*la méthode par déplacement*). M. Serres, in forming a new nose, recommends that the skin should be freely separated on either side, and each portion lifted toward the median line; or the incisions may be extended laterally into the cheek, as recommended by M. Labat.

The Indian or Kooman operation is stated to have been introduced to the notice of European surgeons by our countryman a Mr. Lucas, since which it has been employed by Carpue, Travers, Liston, and other surgeons. Dieffenbach, who was a master in rhinoplastic, as indeed in every other department of surgery, gives several practical hints as to the performance of the operation, which are embodied in a paper on this subject in *The Lancet*, volume 1, 1835, page 388.

Dr. Lichtenberg and our honorary secretary, Mr. Astley Bloxam, have shown themselves assiduous workers in this department of surgical science, and the photographs I hand round illustrate remarkably well the success which has attended their efforts. And I may be permitted to refer to a case that was under my own care at the Westminster Hospital in 1871, in which I performed what may be termed a mixed method, and which I have never seen practiced. Three flaps were taken, two from the cheek and one from over the nasal bones. These flaps were raised and turned inward and downward respectively. A portion of skin was then raised from the forehead, and being



twisted at its pedicle its raw surface was applied to the other three raw surfaces. The parts were stitched together, and the patient made a good recovery. I may add that in this case when the wound of the forehead was granulating I took a piece of skin the size of a shilling from the patient's arm and transferred it to the granulating surface with marked benefit to his personal appearance. I regret that from circumstances beyond my control I could not secure a photograph after the operation, but the case when under treatment was sufficiently well known both at the Westminster and St. Thomas's hospitals.

Respecting the third method, or the Taliacotian operation, Alexander Benedictus, a Veronese, of Padua, appears to have been the first to write on this subject, in 1495, and thus describes the operation, which was really much the same as that practiced by Taliacotius: The operator dissected the upper skin of the arm with a razor, and then, paring off the remaining edges of the nostrils, or, if necessary, cutting them away, he bound the arm to the head, in order that wound might adhere to wound. After this, the wounds having conglutinated, he separated from the arm with the knife as much as was wanted for the restoration of the nose. He adds, however, that these artificial noses badly endure a severe winter; and he recommended his patients to use them gently, lest they be torn from the trunk. Those who are interested in this subject will be glad to know that we are fortunate enough to have in our library a copy of Taliacotius's work, which was published in 1597. The Taliacotian operation seems almost to have died with its supposed author, for in the medical journals I do not remember to have met with a single instance (with one exception, and this was to restore the lip) in which this operation has been published. Of course they may have escaped my notice; but I have not unfrequently met with cases described as the Taliacotian operation, but which on reading have turned out to be the Indian method. My colleague, Mr. MacCormac, has performed the Taliacotian operation in two instances—once on a girl aged sixteen, on February 12, 1877, whose case has been fully reported in the

Transactions of the Clinical Society. The deformity was occasioned by sloughing after injecting a nevus at the root of the nose with the pernitrate of iron.

As to the result of these operations, there is one point to which I may refer, and it is the peculiar bloodless appearance of the newly-formed nose. Perhaps this may to some extent be remedied by tattooing the part, as practiced by Professor Schuh, of Vienna. He employed it in the case of a young girl whose upper lip was formed from the skin of her arm, and which in eighteen months had not gained the normal redness of the lips. The operation consisted of taking from ten to twenty needles, each surrounded with silk, and united into a bundle. They were dipped into a liquid of vermilion, and pricked into the lip until it took a natural color.

*Eyelids.*—I need say little respecting the plastic surgery of the eyelids, for the deformities occasioned either by disease or injury in this region must be treated on their respective merits, and most of the operations are described in works on ophthalmology. I may, however, refer to a case of epithelioma involving the lower eyelid, in which I removed the disease by a V-shaped incision. A flap of healthy skin was then detached and twisted on its pedicle, which became a very good substitute for the part taken away.

Again, in another case of severe ectropium after a burn, in a woman who was recently under my care at St. Thomas's Hospital, I performed the following operation: A V-shaped incision was made under the eye, and a flap of skin, being taken from the cheek, was twisted on its pedicle and inserted into the wound. I performed a somewhat similar operation to improve the less-marked ectropium in the upper lid, but a portion of the flap which I took from the forehead sloughed. There was, however, nevertheless some slight improvement. The case was not a favorable one for operation, inasmuch as the whole of the face was a mass of cicatrix, as the photograph indicates, and which I brought before your notice at the last lecture.

And now, sir, although I confess I have experienced a nat-

ural anxiety in the preparation of these three short lectures, I nevertheless regret for many reasons that I have to bring them to a conclusion. The surgery of the face is without limit, for it includes almost the whole range of surgical art. My object has been to deal with the subject from a practical point of view, and I am deeply conscious that I have very imperfectly performed the task I have undertaken. Yet, in thanking you most sincerely for your kind and considerate attention, I earnestly hope you will not deem me unworthy of the distinguished position in which by your favor I have been placed.

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## REMOVAL OF A FOREIGN BODY LODGED IN THE RETINA.

BY CHARLES W. MILES, M.D.

February 12th a stout negro man, aged twenty-three years, while engaged in cutting an iron rail, was struck in the left eye by a fragment of iron which was chipped off by the chisel. On examination I found the following condition: There was a narrow knife-like wound of the sclerotic one half inch in length, corresponding to the upper border of the rectus internus, and extending as far forward as the insertion of that muscle. There was no appearance of any loss of the vitreous, nor was there any hemorrhage into the globe. The pupil was widely dilated and fixed. An ophthalmoscopic examination revealed what appeared to be a fragment of iron lodged against the retina, above and to the inner side of the optic disk. Having carefully ascertained the exact position of the fragment, a slender forceps was passed through the wound and the substance seized and withdrawn with considerable loss of vitreous, but not sufficient to endanger the integrity of the eye. Considerable hemorrhage

from the retina and choroid. But what appeared to be a rather small fragment proved to be an irregular cylindrical-shaped body three fourths of an inch in length and five eighths of an inch wide. From the ophthalmoscopic examination and judging from the depth the forceps was passed before coming in contact with the fragment, I am of the opinion that it had penetrated the fundus to fully one half its length.

The patient was placed in a dark room, and applications of hot water directed to be constantly used. The pupil was kept widely dilated by a four-grain solution of atropia. Traumatic retinitis followed, together with considerable chemosis.

February 20th, the ophthalmoscope reveals a wound of the retina corresponding in length to the width of the foreign body, probably entirely closed, but having the appearance of retinitis apoplectica. The vitreous contains filamentous opacities sufficient to interfere somewhat with a thorough examination.

February 28th, patient's vision= $\frac{20}{60}$ ; has no pain about the eyes; opacities of vitreous rapidly disappearing. The remains of the injury to the retina have almost entirely disappeared, nor is there any sign of injury having been done the lens by the passage of the foreign body.

I am induced to report the above case on account of both the infrequency of the accident and the method of relief. The penetration and lodgment of foreign bodies in the retina is quite rare. As a rule, the substance, if it escapes entirely from the wound of entrance, strikes the retina, and, rebounding, falls to the bottom of the eye, where under peculiar circumstances it may become encysted; but in most instances, if uninterfered with, destroys one or both eyes sooner or later. I am further induced to report the case in the hope that others who, like myself, hesitate to attempt the removal of foreign bodies which have penetrated into the deeper parts of the eye, may be led to make a trial of removal before the question of enucleation is entertained. So far as my own observations go, even among the foremost oculists of this country, the practice in similar cases is to enucleate without further delay. Taking into consideration

the fact of the occasional removal of foreign bodies from the deeper parts of the eye with a preservation of sight, and remembering too that outside of removal in a great many cases there is but one other procedure—namely, enucleation—we might safely lay it down as a rule that in all such cases an effort should be made to discover the offending substance by means of the ophthalmoscope, and if found its removal should unhesitatingly be attempted.

Since the above was written I have examined my patient, who is at work again, and find his vision= $\frac{20}{LXX}$ .

JORDAN, KY.

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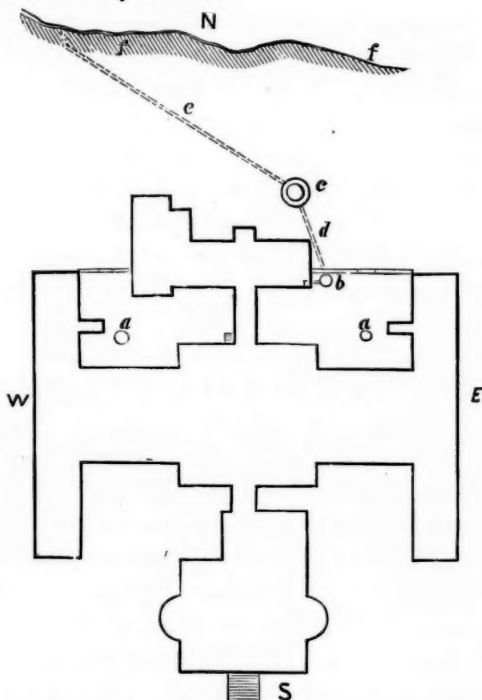
## TYPHOID FEVER IN THE INDIANA REFORMATORY.

BY THEOPHILUS PARVIN, M.D.

The Indiana Reformatory Institution for Women and Girls was opened in September, 1873. I have held the office of physician to the institution since its establishment, and have a record of all the cases of sickness that have occurred in it.

The number of inmates at the close of 1873 was forty-two; but for the year 1879 there were sixty-six in the penal and two hundred and six in the reformatory department. A word in explanation of these terms. All female prisoners convicted of crime in any of the county courts, and not otherwise punished, are sent to the Reformatory. It is, in a word, the state penitentiary for female convicts. But in addition girls under eighteen years of age, ungovernable at home, or without homes, and falling into evil ways, are sent here for reformation. The two classes are kept apart, never even seeing each other except during chapel exercises. They occupy respectively the two halves of the building, which will be readily recognized by observing the ground-plan of the building that accompanies this paper.

The building is just east of the limits of Indianapolis, probably two miles and a quarter from its center; the ground on which it stands is thirty or forty feet higher than that upon which most of the city is built.



N. North; E. East; W. West; S. South; *a* (right), well on penal side; *a* (left), well on reform side; *b*, water-closet; *d*, pipe from water-closet to *c*, cesspool; *e*, drain from cesspool to creek, distance two hundred feet, with fifteen feet fall; *f*, creek.

Until within eleven months no serious epidemic has occurred in the institution, and some years not a single fatal case of illness.

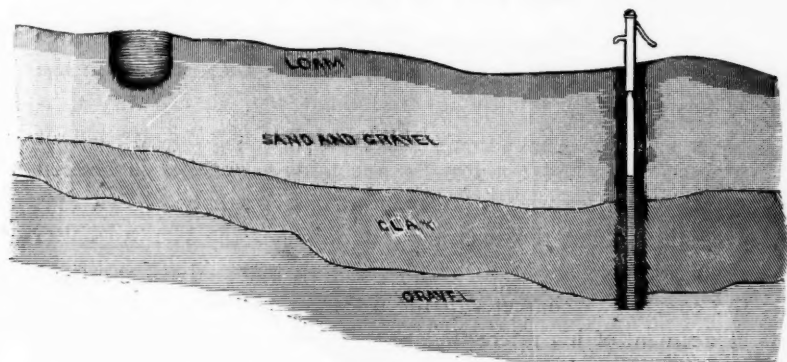
On June 28, 1879, however, a case of typhoid fever was observed; the next case was the middle of August, and the third on the 31st; then the number of cases increased until by the middle of September there were twenty-two sick with typhoid fever; and in all there have been to the 1st of April thirty-nine.

The first patient had been an inmate for three years; had not

been even temporarily absent during that time; so that importation of the disease by her was not possible.

One remarkable fact characterized this outbreak—it was limited to the reform department. All those escaped sickness who occupied the penal side of the building. Furthermore, none of the officers had typhoid fever.

Now what cause could have such limited effect? While the chief water supply of the institution was from the city water works, yet there was in the inclosed area on each side in the rear of the building a brick-walled well, the cold water from which was much more eagerly and abundantly taken than the hydrant-water in hot weather. The position of these wells is shown in the accompanying diagram, for which I am indebted to



my young friend Dr. Calvin Fletcher. Especially let me call attention to the relative position of the wells and the cesspool, the latter being the common receptacle for the excreta of the entire institution, and the water-closets being on the same floor and immediately adjoining each other. Furthermore, as to the water from the wells; that from the one on the prison side seemed good, while that in connection with the reformatory department neither to the eye nor to the taste presented conclusive evidence of being a good drinking-water. The second illustration shows the relation as to depth of cesspool and the affected well, and also the character of the intervening soil; it will be readily seen



how percolation from the cesspool, some flaw in its wall having occurred, might take place, and poisonous elements thus readily find their way into the well through the large interspaces of its wall. Of course as soon as it was found that the water from this well was possibly the source of the infection its use was discontinued. An analysis and microscopic examination of the water was made by Professor Van Nüys of the State University. The results of his examination will be found appended to this paper.

Conceding for the moment the water as the vehicle of the infection, and that the latter was derived from the cesspool, how did it get there? Less than a year before the first case of typhoid fever in 1879 occurred, there was a well-marked case of the disease, the subject having been in the Reformatory less than a month before being taken sick. Following it there were two other cases, and these three were the only ones known in the history of the institution up to June, 1879. In the very elaborate paper of Dr. Alison he shows that the "contagion of typhoid fever had not lost its infectious properties in sixteen months," and expresses the opinion that it will be shown that even this is not the maximum duration of the vitality of the contagion. It ought to be observed that Dr. Alison holds to the contagious character of the disease. He states in the commencement of his interesting paper\* that all that has been said upon the causation of typhoid fever may be *résumé*d in three hypotheses which represent a very different etiologic principle—contagion, infection, and spontaneity. "If in England the doctrine of Murchison has retained numerous adherents, in France, at least, and in many countries the existence of contagion is generally admitted."

If the water was the medium by which the infection was conveyed in the first of the thirty-nine cases, how explain the occurrence of several others months after the discontinuance of the use of the water? Here, it may be, the poison lingered† in

\*Etiologie de la Fièvre Typhoïde dans les Campagnes. Archives Générales de Médecine, January, February, March, 1880.

†As indicating the persistence with which the typhoid poison sometimes remains

the building, its walls or floors, and some change in the condition of the subjects rendered them susceptible at a particular period, though they had resisted it when in all probability it was much more intense. That this cause is organized, is rendered probable by its long-continued potency. Dr. Greenfield, in a lecture upon the Pathology of Contagious and Infective Diseases,\* states that "from what little we do know of the life-history of contagia, especially as to their cycle of development, their reproduction and enormous self-multiplication within the body, the minute quantity needed to give rise to infection, and the absence of relation between quantity and effect, the capacity of long dormancy and resistance to some chemical and thermal influences, most pathologists have been led to reject the theory of an unorganized ferment as not sufficiently supported by facts," and to believe that the cause is some protoplasmic constituent of the diseased body transferred to a healthy body, or some organism existing independently of the body. The last hypothesis—that of a *contagium vivum*—as the probable cause of typhoid fever, seems to me strengthened by recent discoveries as to the cause of chicken cholera. That cause is a microscopic organism.

I ought to say, as possibly shedding some light upon the outbreak of typhoid fever in the Reformatory, that this disease has prevailed to an extraordinary extent in Indianapolis during the past year. I think it safe to state that during this period there have been no fewer than a thousand cases. Washing clothes is one of the industries—indeed the largest industry—

in a family, I will mention the following history occurring in my professional experience. In December, 1877, Mrs. D. had typhoid fever. In June, 1879, one of her sons had the disease, and a second son the succeeding August. She then moved out of the house, had it torn down, a new one built upon its site, and commenced its occupation January 22, 1880. While the new house was being built she had rented for temporary residence one side of a double house, and during her occupancy a severe case of typhoid fever occurred in the family living in the adjoining half. In February, 1880, about four weeks after going to her new house, another son was taken sick with what proved typhoid fever, and still a fourth one in the present month, May.

\* Lancet, March 6, 1880.

carried on in the institution, the work being done in each department. Now may it not have happened that bed-clothing contaminated by typhoid-fever patients in the city, contaminated possibly even by fecal discharges from such patients, taken to the Reformatory to be washed, carried the poison? Or it may be that, conceding this poison is a germ, it may have been floated there by the atmosphere, just as it sometimes is or seems to be from one house to the one adjoining or opposite it. The answer to each of these hypotheses is in the limitation of the disease to one side of the building while neither of these causes could have been thus limited in its action.

I confess that after giving considerable study to the means by which the disease was conveyed, my belief, as expressed in a previous part of this paper, is not changed: well-water was the medium of infection.

I do not propose a detailed narrative of these thirty-nine cases, but shall first make some general statements as to them, and then present some particulars as to a few of the patients that may seem of interest or of importance, concluding with brief remarks in reference to treatment.

The youngest patient was seven, the oldest eighteen years of age. The longest duration of the disease was five weeks and a half. The rose-colored eruption was observed in twenty-eight of the cases, while diarrhea was not a troublesome symptom in more than ten, and in a few was entirely absent. Delirium was not constant, and in only two instances was noisy. The highest temperature noted was  $108^{\circ}$ , the next  $106.5^{\circ}$ , while in the majority of cases the highest evening temperature was  $104^{\circ}$ . The complications which occurred were pneumonia, abscesses of parotid and axilla, pulmonary, gastric, and intestinal hemorrhage. The termination of the disease in convalescence was gradual; in no instance was a critical discharge noted. Two of the thirty-nine died—one on the tenth day, the other on the fifteenth. Of the remaining thirty-seven, the two gravest cases occurred in a girl who had acted as nurse for the first typhoid-

fever patient, being with her almost constantly for nearly four weeks, and in another whose duty it was to disinfect and bury the evacuations from this patient. It would seem as though, being constantly with a person ill of typhoid fever on the one hand, and on the other having to dispose of the typhoid excreta, gave them the typhoid poison in larger quantity. Each of these girls—one white, the other colored—was, prior to being taken sick, an excellent representative of good physical development and of robust health.

The first patient was taken sick on the 27th of June; was confined to bed three weeks. The rose-colored spots were present; also diarrhea and delirium. The remarkable fact, however, in regard to this girl is that on the 11th of September, before recovering perfect health and strength, she had a severe attack of facial erysipelas, her temperature for three days scarcely ever falling below  $107^{\circ}$ . Nevertheless she was convalescent in a little more than a week.

The two fatal cases presented some points of special interest. The first of these—S. W., thirteen years of age, a delicate girl, who had previously suffered with chorea—was taken sick on the 3d of August, her fever continuous from that time. On the 13th she had an abundant eruption of roseola,\* disappearing by the 14th, and succeeded by characteristic typhoid symptoms. On the 17th copious diarrhea, with considerable delirium, and almost incessant chorea-like movements of the upper and lower limbs. On the 19th and 20th hemorrhage from the stomach occurred, and she died at 9.30 P. M. the latter day.

The other patient who died was fifteen years old, and taken

\* This, in typhoid fever, was quite new to me, and the following extract from some remarks made by Dr. Henry Kennedy in the Proceedings of the Dublin Obstetrical Society (the Dublin Journal of Medical Science, April, 1880) are of interest in this connection: "I have seen cases in Cork Street Hospital in which, four or five days after fever had commenced, a redness had appeared on the skin, and it was very difficult to say what it was. It disappeared long before the time for ordinary spots. Cases occur in which it is by no means easy to say what is the nature of the rash. . . . The rash is more commonly of the nature of roseola than any thing else. . . . In hospital I have seen the disease mistaken for scarlatina. . . . As a rule, the eruption pervades the whole body, but I have seen it also in patches."

sick on the 26th of October. Her highest temperature up to the 10th of November was, with a single exception, never above  $102^{\circ}$ ; but on and from that date it went to  $105^{\circ}$ , and never below  $104^{\circ}$ , until two days before her death it fell to  $101^{\circ}$  in the morning, and was only  $103^{\circ}$  in the evening. She was restless and constantly delirious during the last week of her life. She died on the 19th of November, after having been for three days and nights without more than half an hour's sleep at a time.

As illustrative of the exceeding mildness of some of the cases, I will state that one girl who was sick from the 12th of April to the 5th of May never had an evening temperature exceeding  $101.5^{\circ}$ , and only three times was it this high.

Contrasted with this was the case of E. G.,\* seventeen years of age, who was taken sick on the 31st of August. From the 4th to the 7th of September her temperature ranged from  $105^{\circ}$  to  $106^{\circ}$ . The only reduction of heat was obtained by the cold bath, and this reduction was brief; her pulse at the same time was from 120 to 130. Her stomach was excessively irritable during much of her sickness, so that it rejected milk, broths, beef tea; and for more than a week the only form of nourishment which could be retained was egg-nog. By the 30th of September her fever had ceased, but her convalescence was very slow, and was further hindered by an abscess in the left axilla and also of the left parotid.

*Treatment.*—I shall say but a few words upon this topic. When the bowels were confined at the commencement of a case, and the fever high, I gave, according to the age, from a half to a teaspoonful of a mixture of wine of colchicum seeds and paregoric, either equal quantities or two parts of the former to one of the latter, at intervals of one to two hours. Of course this mixture was not continued when the bowels were once freely moved, or if it, as it did in some cases, caused vomiting. Colchicum† thus given proved a most efficient antipyretic. As in

\* This was the colored girl to whom I referred in a previous part of the paper as having charge of the evacuations from the first typhoid case—conveying them out and, after disinfection, burying them.

† I am indebted to my friend Dr. L. D. Waterman, of Indianapolis, for this

the beginning, so in the continuance of the treatment, reduction of temperature was held steadily in view. The remedies chiefly used for this end were aconite, quinia, and cold water, the last either in the form of a bath, sponging, or wrapping with a wet sheet. Whenever a patient's temperature reached  $104^{\circ}$ , and especially if it rose above, one or the other of these methods of application of cold water was resorted to.\* Quinia in doses of five to twenty grains was generally given in the evening with the hope, though not invariably with the result, of making the morning remission lower and longer. Aconite also was sometimes used, but its antipyretic effect was not remarkable. One of the patients, in whom double pneumonia occurred at the close of the third week, recovered under the administration of carbonate of ammonia and egg-nog. This patient and three others were the only ones for whom alcoholic stimulants were directed. Ergot and opium were the remedies used in hemorrhage from the bowels. Of course very great attention was made to the regular administration of nourishment. Barley-water, milk, animal broths, and beef tea were given—sometimes one, sometimes another—at intervals of three hours.

INDIANAPOLIS, IND.

Chemical and microscopic examination of the well-water of the Indianapolis Reformatory Institution:

Water not clear, but colorless, tasteless, and odorless. After standing a few hours dark-colored flakes deposited. A full quantitative chemical analysis was not made; only those bodies were estimated which are deleterious of themselves or in large quantities indicate the previous existence of organic matter rich in nitrogen. There is no method for ascertaining the absolute application of colchicum. His large professional experience and careful observation give me great confidence in his statements as to the effects of remedies.

\*I have recently had in private practice a case of typhoid fever in a child where the cold bath, the wet sheet, and the sponging disturbed the patient so much that the nurse, a very intelligent lady, substituted cold wet towels to the abdomen and to the spine, changing them frequently so as to keep the cold continuous, and found by repeated trials that the reduction of temperature one to two degrees could always be thus effected within an hour and a half.



quantity of organic matter in water. The method I employed was that of Schulze,\* by which the quantity of oxygen is ascertained which enters in combination with the carbon and hydrogen of the organic matter. The following bodies were estimated; the quantities are in milligrams in one liter:

Residue heated to 180° Cent.,	639.6
Organic matter, . . . . .	0.207 oxygen.
Or by Woods's number, . . . . .	4.14 organic matter.
Nitric acid anhyd. ( $N_2O_5$ ), . . . . .	32.18
Nitrous acid anhyd. ( $N_2O_3$ ), . . . . .	0.066
Ammonia ( $NH_3$ ), . . . . .	0.9
Sodium chloride, . . . . .	183.3
Potassium chloride, . . . . .	78.3

The number 4.14 is obtained by multiplying the quantity of oxygen required to oxidize the carbon and hydrogen of the organic matter by 20 (Woods's number). It was supposed to give the quantity of organic matter, but the number is an arbitrary one. To ascertain the condition of the organic matter in the water, whether it was advanced in decomposition or not, I employed the method of Tiemann and Preusse.† These chemists found that by distilling water containing organic matter a part passes over into the distillate, the more volatile products.

No. 1. Five hundred cubic centimeters of the well-water was put into a retort having a glass stopper, its neck directed slightly upward, the end of which bent and connected with a Liebig's condenser. One hundred cubic centimeters was distilled over.

No. 2. Five hundred cubic centimeters of the well-water was put into the retort as in No. 1, and acidified with dilute  $H_2SO_4$  (1-5), and one hundred cubic centimeters distilled over.

No. 3. Five hundred cubic centimeters of the well-water was rendered alkaline by the addition of five cubic centimeters dilute  $NaOH$  (1-10), and one hundred cubic centimeters distilled as in Nos. 1 and 2.

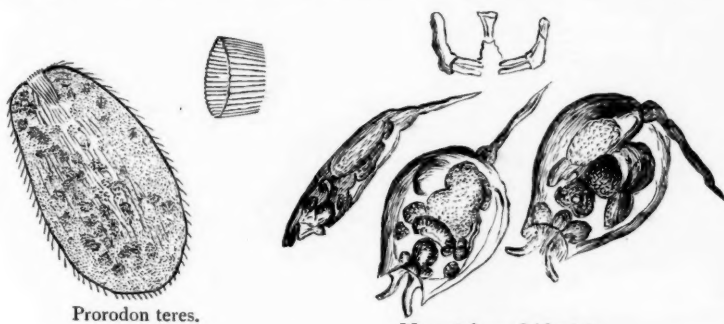
The distillate of No. 1 required 0.000068 gram oxygen to combine with the organic matter. That of No. 2 required

\* Dingler's Journal, 188, 204.

† Berichte der Deutschen Chem. Gesellschaft, Band 12, S. 1906.

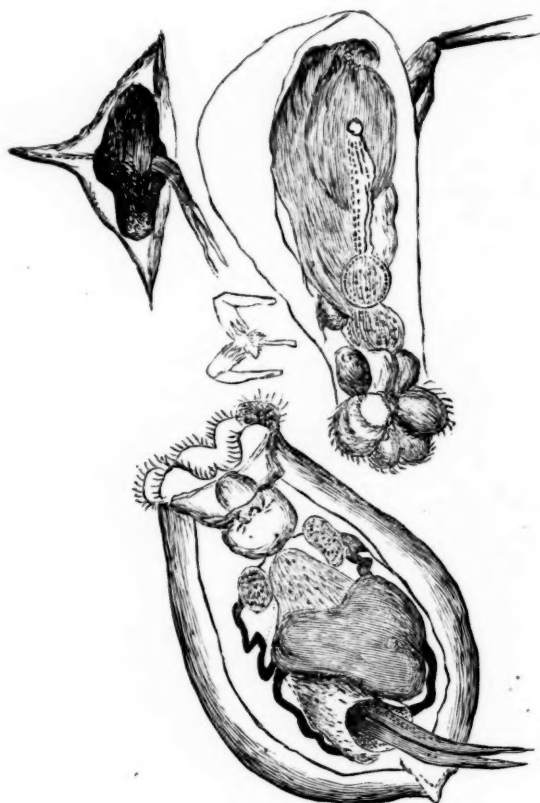


0.00016 gram oxygen, and that of No. 3 required 0.00023 gram oxygen. The ratio of organic matter in one hundred cubic cen-



timeters water and that of the distillate of each five hundred cubic centimeters water is as follows: No. 1, 1 to .32; No. 2,

1 to .7; No. 3, 1 to 1.1. By the experiments of Tiemann and Preusse water from three sources in Berlin yielded less volatile organic matter in proportion to the quantity in the water. The water of the River Spree, which is a sluggish stream running



*Euchlanis triquetra.*

through Berlin, and consequently becomes impregnated with organic matter, yielded the following ratios: No. 1, 1 to .12; No. 2, 1 to .1; No. 3, 1 to .1.

As a rule, the more simple an organic molecule is in constitution the more volatile it is; hence when organic matter in water is found comparatively volatile it is advanced in decom-

position—a fact well worth attention in the chemical examination of potable waters. In this connection the quantity of nitrous acid is of importance; for not only, when found in considerable quantity, does it and also nitric acid and ammonia indicate the previous existence of nitrogenous compounds in the water forming the last products of their decomposition, but Meusel\* has shown that nitrates in well-water are deoxidized to nitrites by the presence of bacteria. However, the quantity of nitrous acid in this water is so small that the theory of the previous existence of bacteria can not be entertained. Particularly is this true when the fact is taken into account of the presence of nitrous acid in rainwater.

Microscopic examination: Bodies very numerous, having a shred-like appearance debris of organic matter. No crystalline bodies observed. The following animalcules were found: *Prorodon teres*, *Monostylaquadridentata*, *Rotifer vulgaris*, and *Euchlanis triquetra*, as shown in the figures. Several other animalcules were found, but the magnifying powers of my microscope were not sufficient to distinguish them. In the water sent last I did not find any animalcules until after the lapse of forty-eight hours, when a few were found, probably having originated from germs in the atmosphere.

T. C. VAN NUYS.

STATE UNIVERSITY LABORATORY, BLOOMINGTON, IND.

\* *Berichte der Deutschen Chem. Gesellschaft*, Band 8, S. 1214.

## FOREIGN CORRESPONDENCE.

*My Dear Yandell:*

LONDON, May 15, 1880.

You do not realize that you are rather an incubus in this monthly demand, which comes round with recurrent swiftness, rather perturbing to the mind busily engaged on other matters.

We have got our new government, which is as welcome as a new suit of clothes, and the profession in the services have hopes that now perhaps something may be done for the doctors who wear Her Majesty's uniform. There have been a few sudden deaths—one of a newly-elected M. P.; but otherwise the excitement has influenced the profession but slightly. One Conservative doctor in a constituency where the battle was pretty equal congratulated himself that he had put a splint on the leg of one Liberal voter and given strict injunctions to some others to stay in bed, and thus prevented them getting to the polling booth; but in spite of his partisan ardor "the great Liberal wave" was too much for his party. But I suppose these puny devices are nothing to what Kentucky can do at an election time, and look simply childish.

"Softening of the brain" is an appropriate medical topic to pursue after this preliminary, and an article by Dr. J. Hughlings Jackson on this subject has recently captivated me, so I shall reproduce it briefly. In the first place, he points out the popular impression, both among the profession and the laity, that failure of brain-power is due to a general softening of the brain, is a fallacy. This brain failure is due to nervous exhaustion from any cause, and is liable to occur in persons of a weak temperament and where the brain has not much staying power. After a little common-sense management these cases get well of themselves, and the delusion that they have got softening vanishes. In more serious persisting cases, where the impairment of brain power continues and is permanent, then there may be general brain changes; but there is no softening of the brain, but rather the opposite condition of sclerosis, of greater firmness

in its substance. That is, there is an atrophy of the nerve tissue and an increase in the connective tissue, with a water-logged condition in many cases. Such atrophy of the brain is very common in very old persons, and constitutes the morbid anatomy of dotage. It is also found after progressive general paralysis of the insane. It is often found in middle-aged drunkards, and even in comparatively young persons who have long been bedridden from disease not involving the nervous centers. In these last cases the brain wastes from want of exercise, first the motor portions, and then the intellectual areas, until mental enfeeblement results. It is worth while remembering this fact in connection with bedridden persons. But in these cases there is no softening whatever. He states that, so far as he knows (and that is about as far as any body knows), he knows nothing of general or universal softening of the brain. Consequently it is time now to abandon the word as representing an obsolete idea, born of our earlier, imperfect knowledge of the morbid changes in the brain. Cerebral softening is always local. So far from mental symptoms being indicative of softening of the brain proper, it is the highest part of the motor tract; that is, the corpus striatum and adjacent convolutions, which are usually the parts of the brain which are the seat of local softening. And for this there is "an arterial reason;" it is because the artery supplying these parts often gets blocked up by an embolm. Hence hemiplegia and affections of speech are the symptoms most indicative of softening of a portion of the brain; for softening is a local lesion. When softening of the brain does occur it is commonly not diagnosed, because the symptoms are not those generally regarded as associated with softening. "Thus we see that the word 'softening' is used by some for cases of nervous exhaustion and cerebral atrophy, where there is not that pathological change; and, strangely, those who so use it very often do not diagnose softening in the really simple cases of hemiplegia coming on without loss of consciousness, where it does exist."

To most readers doubtless this is a considerably new view of

the subject, but Dr. Jackson follows up his subject with the trenchant arguments furnished by fullness of knowledge. Hemiplegia is usually attributed to cerebral hemorrhage, as almost a matter of course, while softening is scarcely thought of. On the other hand, the diagnosis is inaccurate because there is widespread impression that general symptoms must necessarily exist if there be softening. Such general symptoms are not caused directly by softening, though they may follow indirectly from a local softening. Indeed if the trunk of the middle cerebral artery be blocked there follows consecutively very extensive softening, and a state very like imbecility supervenes, as well as loss of speech. The patient's power of expression in every way is interfered with, and even the exhibition of states of feeling by facial movements is lost. But these conditions are preceded by a distinct blow to the nervous system by hemorrhages from a ruptured artery or an embolism blocking a vessel. A typical case is that which commences with deep coma—a distinct beginning. In other cases the patient, usually middle-aged, goes to bed quite well, and on waking in the morning finds that one side can not be used, though the mind is as clear as usual. Here there is thrombosis of an atheromatous artery supplying a part of a motor tract, which area will speedily soften. This is the common form of genuine cerebral softening, which is essentially a local disease.

The general mental symptoms which ensue upon softening are as follows: The patient, who is hemiplegic, begins to "wander," although for some time he can pull himself together, clearing his mind of his fancies, and can reply to ordinary questions correctly. The mental symptoms are of a general character. There is not the loss of one faculty in particular, but a reduction of the whole mind toward an automatic condition. The patient's mind wanders to the ordinary occupation of his life, as about his business or occupation, about the persons or places to which he is most accustomed; that is, those which are most automatic to him. He imagines he is doing his work, and he may take strangers for those persons to whom he

is accustomed. There is a certain lowering of the brain power generally. Of course much depends upon the kind of brain the patient had before his illness. Old drunkards have more absurd delusions, illusions, and hallucinations than persons who have not abused their nervous system. He thinks that this mental state results rather because the brain power is reduced along with the system generally than caused by the very local disease in the brain. They are indeed the active symptoms of debility, just as palpitation of the heart is an active sign of debility in dilatation of the ventricles.

He goes on further than I can follow him here; but this remark is worth the notice of every medical man; yes, or medical woman: "In general physician's practice very active mental symptoms (delirium) are rarely even associated with primary disease of any sort. Of necessity they imply something wrong in the brain; but the brain is suffering secondarily, 'functionally,' as the popular and inexact expression is." This was brought well home to me lately in the case of a patient who had passed through an acute illness and just escaped with her life. She was getting round satisfactorily when suddenly she became delirious, vomited, and complained of intense headache. I went to Dr. Jackson and talked the case over with him. He explained to me that probably it was cerebral exhaustion rather than any thing serious, though the association did look grave. This turned out to be the case. The symptoms marked the on-com of the catamenial period, and wore off as the menstrual week passed away.

The use of jaborandi is on the increase, and the latest application of it is in the treatment of pleuritic effusions. Dr. Hunt, of the Wolverhampton Infirmary, has been trying jaborandi in pleuritic effusion upon theoretical considerations. He says, "Its mode of action is obvious. Diminishing the watery contents of the blood-vessels, it causes an absorption of fluids from the tissues and cavities of the body; and in fact it is more than probable that the vessels in such cases take up more than is secreted by the skin." He then proceeds to demonstrate, by the



use of the hemacytometer, that the effect of jaborandi upon the blood corpuscles is conformable with this hypothesis.

In the first case the patient—a laborer of thirty years of age—had his right pleura full of fluid, so that his heart and liver were much displaced. He was aspirated, and the removal of seventy-four ounces of fluid gave much relief. He first had perchloride of iron three times a day, and the side painted with iodine. In a few days the iron was exchanged for iodide of potassium, acetate of potash, and decoction of scoparium, three times a day, and in a few days every four hours. No marked effect followed this treatment, and a dram of extract of jaborandi was given three times a day, and in three days more it was given every four hours. Soon after this treatment was commenced the fluid began to diminish, and soon the improvement was most marked. When he was discharged cured there was still a little dullness at the base, but on an aspirator needle being passed in afterward this was found to be merely due to a thickened pleura.

The second case—a workman aged thirty-two—was one where the dullness reached as high as the angle of the scapula. He also was aspirated, and then put on digitalis, iodide of potassium, and scoparium. At the end of a fortnight there was no improvement; so a dram of extract of jaborandi was given every three hours. In four days the report was as follows: Sweats profusely for about twenty minutes after taking the jaborandi, and this continues for about an hour; a little salivation; urine not altered appreciably in amount; physical signs much improved; dullness commencing at upper border of eleventh rib, and vocal fremitus marked its very base; breath-sounds weak, but audible to about tenth interspace. In a few more days there were no physical signs of any thing beyond a thickened pleura.

In the third case—an out-patient aged twenty-four—there was a certain amount of pleural effusion, and jaborandi was tried at once without attempting the potash and broom treatment. Half a dram of the extract was given on the first day every six hours, on the second day every four hours, on the third every two hours, on the fifth day a double dose every two hours. Under

this treatment the patient improved considerably, and in a few more days the condition was such that the jaborandi was stopped and the perchloride of iron given.

The remark appended to these cases is, "These three patients bore the administration of the jaborandi well, and one was found to increase in weight while sweating profusely under its influence. With the exception of the profuse diaphoresis and the salivation, there were no inconveniences attending its administration. No supra-pubic pain was noted in either case. No results were obtained till profuse diaphoresis was excited."

The results attained were satisfactory certainly, and this line of treating serous effusions is worth bearing in mind. The principle, however, is not novel. From time immemorial it has been the plan to attempt to remove serous effusions by exciting the water emunctories of the body. Free purgation followed by the administration of diuretics, and especially salts of potash, has been the routine general treatment; while the local treatment has been a blister in order to alter the existing arrangements between the external and the internal distribution of the terminal ends of the intercostal arteries, and so to favor the absorption of the effused fluid. By the action of the blister the external cutaneous twigs of the intercostal arteries are dilated, and so the internal vascular area is depleted. Thus the outflow of serum from the parietal pleura is diminished, while by increasing the outflow of water from the body absorption is favored. By these measures combined the fluid in the serous sac is absorbed. By acting on the skin and producing diaphoresis of a copious character an additional measure is placed in our hands for intractable cases.

To follow out this line of practice logically, the use of the warm bath is indicated. For the removal of dropsy we now purge freely and then sweat the patient freely alternately, and a similar line of practice might expedite the removal of pleuritic effusion. The solid material remaining in the form of a thickened pleura is a much more troublesome matter to deal with. Recently I examined a man who had a year ago a very

severe attack of pleurisy which nearly brought him to his grave in spite of a wonderfully good constitution to commence with. He had recovered sufficiently to come to town when seen by me. He had then a thickened pleura all over the left lung. This prevents the expansion of the lung, and consequently he is short of breath on exertion. A year later (the present time) the pleura gives the impression of being as thick as a bull's hide all over, except at the apex in front. Though very much improved generally, the thickened pleura not only infringes upon the lung space, but still prevents the expansion of the lung on inspiration, and consequently the patient is scant of breath on exertion still. What success will attend upon the substitution of iodide of iron for other forms of iron, remains to be seen.

## Reviews.

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### **Pay-Hospitals and Paying-Wards throughout the World:**

Facts in Support of a Rearrangement of the English System of Medical Relief. By HENRY C. BURDETT, Honorary Secretary, Home Hospitals Association for Paying Patients; Fellow and Member of Council, Sanitary Institute of Great Britain; Author of "Cottage Hospitals," "Sanitary Condition of Dublin," "The Unhealthiness of Public Institutions," etc. London: J. & A. Churchill, New Burlington Street W. 1879. 8vo. Pp. 176.

Free hospitals are the crystallization of a most estimable sentiment of human activity; the concrete condition of an abstract impulse that has found expression only in the advanced evolution of the human family; a fruit that budded in religious devotedness, blossomed in sectarian exclusiveness, and only reached full fruition in that higher social compact whose ethics not merely admits but inculcates the blessings of the multiple church, the unity of humanity, and the broad brotherhood of man. Such hospitals are built of a charity that finds in the wail of human suffering a sufficient shibboleth to open its portals to whomsoever gives the signal, be he Christian, Jew, or heathen. But in order that these institutions attain the exact measure of merit their creation contemplates, they must be restricted in their gratuitous benevolence to those who have no other resource in illness or accident than eleemosynary establishments.

Pay-hospitals are a blessing in dense communities where the bread-winning struggle is so fierce that home arrangements are modeled on the idea of continuous health of the occupants, so that when illness comes the most successful attention can not be given in the domicile to the victim of disease, even if the well inmates should courteously curtail their common comforts. In such cases hospitals, where one can command competent profes-

sional skill and trained attention at the cost of them simply to the institution, is a desideratum that every large civilized community ought to afford.

Beside the entirely free and the fully paid hospitals there is a just demand for establishments that will care properly for the ailing and be content with what each is able to pay, however far below his actual cost.

Now these several classes of hospitals exist in various countries, but some of them are only imperfectly established in England, and the purpose of Mr. Burdett's book is to point out how Great Britain may do humanely and wisely by creating and maintaining these graded resorts for all sorts of diseased people. He reviews the hospital systems of France and Switzerland, of Germany and Austria, of Spain, of Italy, of Sweden and Norway, of the United States, and of Canada and the Colonies. He shows that in England the large class of people who are able to pay something for their medical treatment crowd into the wholly free institutions, frequently to the exclusion of those for whom these charities are especially intended, and he maintains that this condition of affairs perpetuates a triple wrong: first, in those who have the ability to pay for help in need it offers a reward for deceit and impudence, and encourages that debased and debasing human attribute wherein a groveling selfishness smothers all true charity and blurs if it do not blight honorable manhood; second, it allows of the success of the strong and the bold regardless of merit, while it permits the weak and the modest, however deserving and needy, to remain unaided; and third, it robs of their rightful compensation the medical men whose time and skill are gratuitously bestowed on the wards of these organizations in the name and spirit of the highest humanitarianism.

Mr. Burdett displays and discusses this whole scheme of hospital accommodation with a comprehensive understanding of its nature and extent, and he does it in fullness without prolixity and in a clear catholic spirit with perspicacity. The book is a stepping-stone, a valuable contribution in the way of introduc-

tion to a review and candid reconsideration of the whole subject of legal and organized charity—a theme which much demands reconsideration and readjustment in the whole civilized world, and in no country more imperiously than in the United States; and it is not only in hospitals in the ordinary sense of the term, but likewise in those great caravansaries that house the mentally erratic and the physically imperfect, that observation is required anew.

With us the nation, the state, and the municipality have spent millions in the location and construction of palaces as free hospitals and homes for the heirs of human ills, many of such heirs being abundantly able to pay for all needed care, and many others being dazed by the splendor of their new quarters, so unlike the simple accommodations of their ante-ill existence that it may disturb that even tenor of diseased life so essential to speedy and complete recovery, while to the scientific philanthropist the ponderous piles declare that a morbid architectural esthesia in the building authority was paramount, and subordinated adaptation and fitness to meretricious grandeur and unenlightened ornamentation; and, still worse, in some instances the errors of location and structure are intensified by the internal administration being the perquisite of the politician, who holds it out and bestows it as the reward of party or personal fealty in the recipient of his favor, ignoring in the premises all proper consideration of special qualification, either natural or acquired.

Charity is one of the noblest of human endowments, but like all other good dispensations it may be distorted and misapplied to an extent that it works evil rather than good, and its fruits are always exposed to the raids of the Ishmaelites who perpetually infest the great orchards of benevolence. Probably in no nation on earth is there so much misdirection and ill-advised expenditure on behalf of the needy and injudiciously-bestowed charity as in the United States, and the time is fully ripe, and, it is not doubted, just now propitious, to undertake an earnest effort to awaken all classes of society in this country to the right

and the wrong of our doings in this behalf, and to direct the holy and immense stream of our benevolence—a stream broader and deeper and swifter and freer than that of any other people—into channels where it shall accomplish the maximum of good and be open only to a minimum of evil.

Dr. Burdett's is a good and timely book, and suggestive.

J. F. H.

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**Clinical Lectures on the Diseases of Women**, delivered in Saint Bartholomew's Hospital. By J. MATTHEWS DUNCAN, M. D., etc. Philadelphia: Henry C. Lea. 1880.

This volume, containing nineteen lectures, is dedicated to our distinguished countryman Dr. Fordyce Barker. The lectures are practical, and they are not the repetition of other men's thoughts, for Dr. Duncan is eminently an original investigator. While the profession may be slow to accept all his theories and therapeutics, yet one must be very cautious in denying any assertion made by him. We have derived so much pleasure and instruction from these lectures that we hope one day to have the pleasure of reading a complete treatise on diseases of women by Dr. Duncan.

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**The Microscope and Microscopical Technology.** A Text-book for Physicians and Students. By HEINRICH FREY, Professor of Medicine in the University of Zurich. Translated and edited by GEORGE R. CUTTER, M.D., etc. Illustrated by three hundred and eighty-eight engravings on wood. Second edition. New York: William Wood & Co. 1880.

This work contains upward of six hundred pages, and is divided into twenty-two sections. Ten sections are occupied with the microscope, theory, varieties, views, etc., and with prep-



aration of microscopic objects, and whatever pertains thereto. The remaining twelve sections are as follows: Blood, lymph, chyle, mucus, pus; epithelium, nails, hair; connective tissue and cartilage; bones and teeth; muscles and nerves; vessels and glands; digestive organs; pancreas, liver, and spleen; respiratory organs; urinary organs; sexual organs; organs of sense. The illustrations are both many and good; the text clear and complete; in fact, the entire book is quite worthy not only of their second but of succeeding editions.

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**A Manual of Pathological Histology.** By V. CORNIL, Assistant Professor in the Faculty of Medicine of Paris, and L. RANVIER, Professor in the College of France. Translated with Notes and Additions by E. O. SHAKSPEARE, A.M., M.D., etc., and J. HENRY C. SIMES, M.D., etc., with three hundred and sixty illustrations on wood. 784 pages. Henry C. Lea. 1880.

The preface by the translators states that this work was issued in France in several parts at intervals from 1869 to 1876. They further state that it has been their endeavor, by omitting such passages as are comparatively unimportant or have become obsolete, by condensing others, and by inserting additions when the progress of science seemed to call for them, to render the American version a more faithful exponent of the subject in its present state, and at the same time to bring it within the compass of a convenient text-book for students.

The above statement shows that the translators have had no light labor, and an examination of the book will moreover prove that that labor has been most faithfully performed. This volume we cordially commend to the profession. It will prove a valuable, almost necessary, addition to the libraries of the students who are to be physicians, and to the libraries of students who are physicians.

**The Hypodermic Injection of Morphia: Its History, Advantages, and Dangers.** (Based on the experience of three hundred and sixty physicians.) By H. H. KANE, M.D., New York. New York: Chas. L. Bermingham & Co., Medical Publishers. 1880. 8vo. Pp. 854.

Dr. Kane in 1880 had his attention called to hypodermic medication with morphia in a way that led him to give it special study, and he pursuantly propounded six questions to the profession at large through letters, circulars, and (most effectively) medical journals. These are the questions: 1. What is your usual dose? 2. Do you use it alone or with atropia? 3. What is the largest amount you have ever administered? 4. Have you had inflammation or abscess at the point of puncture? 5. Have you had any deaths or accidents caused by this instrument? 6. Do you know of any cases of opium habit thus contracted?

Responses came from all parts of the civilized world, to the number of three hundred and seventy-nine, and the names and titles of the respondents are given as an appendix to the volume. In the outset it seems to have been Dr. Kane's intention to embody the information obtained by his labors in one or more contributions to serial medical literature; but his replies were more valuable than he had anticipated, and he judiciously determined to collate the substance of them into a book, and the volume under notice is the outcome, for which the profession owe him a debt of gratitude, as its contents are of permanent practical importance as well as of a character to furnish facts in aid of a confirmation or refutation of some attractive speculations of theorists concerning the nature and effect of hypodermic medication.

If the author started out with any pet position to be sustained by his investigations he has not allowed it to rise into view in the book he has presented, but has collated and analyzed the facts and opinions received from three hundred and fifty-seven of his correspondents—the remainder came too late for ser-

vice—with great painstaking and with apparent clear determination to gain the truth.

The book is divided into ten chapters with indicative headings. Narcotism is considered at length in Chapter III, and the necessity is discreetly urged of clearly recognizing the frequency of a personal idiosyncrasy wherein a medium dose of morphia subcutaneously given may speedily induce alarming coma; and after reciting the views of a number of his correspondents on this point the author inculcates judicious caution with the beginning dose in cases where the practitioner has not previous knowledge of the patient. Chapter IV is devoted to the treatment of narcotism, and brings under review the measures recommended to achieve success in the five chief points aimed at to restore the narcotized, viz. to aid or establish respiration, to stimulate the heart, to produce general stimulation, to counteract soporific effects, and to produce diuresis. These measures are all orthodox, and the text brings the subject up to the very latest moment, reference being made to a paper by Prof. Alonzo Clark published in January, 1880. Notwithstanding the high authority quoted for these measures, one may be allowed to doubt the efficacy if not the propriety of some of them, notably the flagellation and protracted forcible ambulation so long a popular professional proceeding in opium narcotism.

Chapter V is entitled "Deaths from the Subcutaneous Injection of Morphia," and details more or less minutely the particulars of thirty-six deaths from this cause. These cases are full of instruction, and would be full of alarm were it not that this operation has been done in almost countless numbers by careful and careless doctors, and even by ignorant people, without alarming results. Nevertheless these thirty-six cases should be studied by physicians who use the hypodermic syringe—equivalent nowadays to saying all physicians—both for the lesson of instruction they impart and for the consolation they offer to those who meet with accidents in such cases notwithstanding the observance of all proper care.

The other chapters give the history and development of this

method of exhibiting morphia, the accidents that are incident to it, its popularity, its great value, the dose of the drug, and how it may be combined to increase its worth and decrease its danger. It will be noticed that the author confines himself to the morphia alone, and in this his book differs from the recent excellent work of Prof. Bartholow, which treats of the whole range of hypodermic medication.

Dr. Kane's work, while being a collation and epitome of the clinical observations and opinions of a large number of practitioners in widely-different regions of the earth, has the value of a practical manual for the administration of morphia hypodermically. Such a work is much needed generally, and will be of especial service to two classes—first, those who have used the hypodermic syringe so long without accident that they have tacitly concluded that it is devoid of all danger; and second, those who, having had serious results follow its use, look on it with more apprehension than the facts in the case warrant. The latter will find much to mollify their fears; the former something forcible to teach them caution.

J. F. H.

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**A Practical Hand-Book of Medical Chemistry**, applied to Clinical Research and the Detection of Poisons. By WM. H. GREENE, M. D., Demonstrator of Chemistry in the Medical Department of the University of Pennsylvania, etc. Philadelphia: Henry C. Lea's Son & Co. 1880.

The profession demands just such literature as this Clinical Hand-book of Chemistry offers. Voluminous works upon microscopy, chemistry, experimental physiology, etc. are worse than useless to the busy physician. The present generation is beginning to select the wheat from the chaff, and clinical works are again in the ascendancy. The above little book is concise, practical, and as thorough as the physician could desire. It comprises three departments: 1. Organic proximate principles

taking part in the animal economy; 2. Analysis of secretions and excretions; 3. On the detection of poisons. The methods of examination are simple, require but little apparatus, and easily performed. The engravings are very fair and faithful. We recommend the book to our readers.

L. S. O.

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**First Lines of Therapeutics**, as based on the Modes and the Processes of Healing, as occurring spontaneously in Disease, and on the Modes and Processes of Dying, as resulting naturally from Disease. In a series of lectures. By ALEXANDER HARVEY, M. A., M. D., etc. New York: D. Appleton & Co. 1879.

In a note from Sir Thomas Watson, which follows the title-page, this distinguished teacher remarks, "I'm entirely in accord with you as to the *Vis Medicatrix Naturæ*, which some of the present day decry and denounce."

With such high indorsement the book is most favorably presented the profession. Add to this the fact that its author has been the teacher of materia medica in the University of Aberdeen, we need not fear that Art will be unjustly disparaged or Nature unduly exalted in the relative parts they bear in the treatment of disease.

To be plunged in midsummer into an ice-cold bath might express something of the intensity of revulsion which the average recent medical graduate would feel upon reading this book, for has he not learned from his professor of materia medica marvelous stories as to the action of the hundreds of so-called medicines and their preparation, so that there is no disease or no condition of a disease in which there may not be one or a dozen remedies? And now to be told that very much of this knowledge is vain, surely will materially diminish the ardor of his therapeutic zeal, and he may learn wisely enough to withhold his hand from rash and needless or injurious interference

with the processes of nature that, in the great majority of cases, are steadily working for the recovery of the patient. This lesson he must ultimately learn, if capable of learning any thing, by years, it may be, of experience, and he will be the wisest physician who learns it in earnest.

Therapeutic *nihilism* will not be the consequence of a careful reading of these admirable lectures, but renunciation of excessive doing and of the multiplication of medicines. One of the great evils of the profession to-day is so many medicines and so many forms of the same medicine, so that therapeutic facts admitting of classification, of comparison, and of just conclusion are comparatively rare.

We cordially commend the volume to the profession, confident that its reading will be both pleasant and useful.

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**Sore Throat; its Nature, Varieties, and Treatment;** including the Connection between Affections of the Throat and Other Diseases. By PROSSER JAMES, M.D., etc. Fourth edition; illustrated with hand-colored plates. Philadelphia: Lindsay & Blakiston. 1880.

The profession will be glad to have a new edition of this standard work, a work at once plain, practical, complete, and withal inexpensive.

## **Clinic of the Month.**

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SOME POINTS IN THE TREATMENT OF TYPHOID FEVER.—Dr. Wm. Cayley, Physician to the London Fever Hospital, who delivered the Croonian Lectures for 1880, thus speaks of the antipyretic management of the fever:

Another point of interest in connection with cold bathing is the effect on the kidneys. Dr. George Johnson has shown that prolonged cold bathing will often induce a temporary albuminuria in healthy persons; it might therefore be anticipated that, in a disease like typhoid, the severer forms of which are so often attended by albuminuria, repeated cold baths would tend very much to increase the frequency and danger of this complication. Such, however, does not appear to be the case, and none of those who have extensively employed this mode of treatment have found any increased frequency of the rare complication in typhoid—acute nephritis.

Another point of great interest is the effect of the treatment on relapses, and I think it can not be doubted but that relapses are rendered more frequent. The probable causes of this I have already considered. In order to prevent these relapses, Prof. Immermann has tried the effect of salicylate of soda, and he gives four to six doses of fifteen grains daily for ten or twelve days from the time of complete defervescence. Of fifty-one patients treated in this manner, only two relapsed, giving a ratio of less than four per cent, while of two hundred and thirty-four patients treated at the same time and under similar conditions, but without the salicylate, thirty-three relapsed, giving a proportion of twenty per cent.

Against the general adoption of this mode of treatment it has been objected that in the great majority of cases it is unnecessary; that upward of eighty per cent of the cases, if properly fed and nursed, will recover; and that therefore so troublesome and even distressing method ought to be reserved for the comparatively few cases which are likely to end fatally. This argument is not without force, and no doubt a large number of the milder cases do not need repeated bathing; but it is notoriously impossible to predict at the outset with any certainty the course of an attack of typhoid fever, and any delay in commencing



the treatment deprives it of a large part of its efficacy. A mild case of typhoid, or any feverish attack of which the diagnosis is at first doubtful, should from the outset be treated on the same principles, though in a less rigorous manner.

The patient should be confined to bed in a cool room with thorough ventilation and be only lightly covered, and from time to time may be sponged with cold water or have a cold affusion. Most persons in the upper and middle classes are accustomed to have a cold sponging or a cold affusion daily, and if they are feverish this will be still more grateful to their feelings; at the same time, abundance of cold drinks should be given to quench the thirst and keep the mouth moist. If the case should prove to be one of febricula or simple catarrhal fever, no harm, but rather good is done; if it turn out to be typhoid, we shall have obtained control over the fever from the first, and as soon as the temperature, in spite of these milder means of refrigeration, begins to maintain itself above  $102^{\circ}$ , and signs of febrile oppression manifest themselves, we can have recourse to the more energetic means of reducing it.

We have now to bring this mode of treatment to the test of statistics, and to inquire what is the effect on the general rate of mortality. First, we must endeavor to compare together like instances, and this we are enabled to do pretty satisfactorily by contrasting the rate of mortality in the same hospitals before and after its introduction.

Thus, at Basle, seventeen hundred and eighteen patients treated on the expectant plan gave a mortality of 27.3 per cent. Of nine hundred and eighty-two patients treated partially on the antipyretic system 16.2 per cent died. Of fourteen hundred and eighty-three cases treated thoroughly in this way 8.8 per cent died.

At Kiel, of three hundred and thirty patients treated on the expectant plan 15.4 per cent died. Of one hundred and sixty cases treated by Jürgensen by cold baths 3.1 per cent died.

At Stettin, of fifteen hundred and ninety-one cases treated before the introduction of bathing, four hundred and five died, giving a mortality of 25.6 per cent; since, the mortality is but little more than four per cent. Similar results have been obtained at Zurich.

Perhaps the most striking results of this mode of treatment were obtained in the field-hospitals during the Franco-German war, which show a difference in the mortality between the ordinary and the antipyretic treatment of between twenty and forty per cent for the former, and three or four to twelve per cent for the latter. It is interesting to compare with these numbers the rate of mortality in the English army on home service in times of peace.

If we now take the general results as given by Dr. Brand we find that of eight thousand one hundred and forty-one cases treated antipyretically, six hundred died, giving a mortality of 7.4 per cent, while the average rate in hospitals under the ordinary treatment is certainly not less than sixteen per cent.

One result of this is that while formerly the rate of mortality in the English hospitals was decidedly lower than that in the German hospitals—a result which we were disposed to ascribe to our better sanitary arrangements, better nursing, better feeding, and more free stimulation—it is now more than double.

I think, therefore, that it is impossible to doubt but that this mode of treatment considerably diminishes the rate of mortality.

I will now give briefly my own experience of this mode of treatment, which, however, in itself has been too limited to justify me in drawing any positive statistical conclusions, though it has been sufficient to convince me of its great advantages. At first I confess I was prejudiced against it; not that I ever doubted that it was advantageous to reduce temperature in fever, but I regarded this repeated cold bathing as in itself impracticable, and moreover as unnecessarily severe proceeding. I therefore proceeded very tentatively at first, only giving a bath occasionally when the temperature was very high and the symptoms severe. Seeing the good effects which often followed, I gradually administered the baths more frequently, and supplemented them by quinine and salicylate of soda and the other means of reducing the temperature; but it is only quite recently that I have endeavored systematically to keep the temperature below  $102.2^{\circ}$ , and I have rather followed Liebermeister than Brand in the free use of quinine and the other antipyretic remedies, and have moreover largely supplemented the baths by sponging with iced water, cold packing, and ice compresses.

Including all cases—viz. those which were only bathed occasionally, as well as those in which the method was more thoroughly carried out—I have treated one hundred and twenty patients, of whom eighteen have died, giving a mortality of fifteen per cent. This is not much below the average mortality, during the last decade, of the London Fever Hospital in London; but it must be remembered that these were all severe cases, while the general rate of mortality is reckoned on the mild and severe cases together; therefore the results are really very favorable.

Of these one hundred and twenty cases, forty were treated systematically by applying remedies to reduce the temperature whenever it maintained itself above  $102^{\circ}$  to  $103^{\circ}$  in the axilla. In the earlier

cases the higher maximum was taken ; in the later cases, the lower. The means employed were cold baths, cold sponging, cold packing, cold compresses, quinine (usually in thirty grain doses), salicylate of soda in sixty-grain doses, and sometimes digitalis. With the exception of one fatal case I have excluded from this list all cases where less than ten baths or equivalent modes or methods were administered. The largest number of baths given in any case was sixty-four.

All these cases were of great severity, and in some the condition was almost desperate when the treatment was commenced. Four deaths took place, giving a mortality of ten per cent. Of these four fatal cases, in one the treatment was not begun until the eighteenth day ; the patient was then in a state of great prostration, with delirium, stupor, and hypostatic pneumonia. She had thirty-eight baths.

The second case was a woman aged twenty-nine. The treatment was commenced on the tenth day. She had fifteen baths, was cold-sponged fifteen times, and had nineteen thirty-grain doses of quinine. She recovered from the primary attack, relapsed, and died on the forty-second day. During the relapse she was only bathed once.

The third case was a youth aged eighteen. The treatment was commenced on the eleventh day. Number of baths, eleven. Quinine given fifteen times. He was apparently progressing favorably. His temperature had fallen, and no bath had been given for two days, when he was suddenly seized with a violent attack of tetanic spasms with opisthotonus, after which his temperature again rose and his urine became bloody. He died of asthenia on the twenty-fifth day. After the attack of convulsions he was not again bathed.

The fourth case died on the fourteenth day of the disease, of acute granular degeneration of the heart. She got out of bed in the middle of the night and fell dead on the floor. She had only been bathed eight times, as her temperature was never very high.

Of the fourteen deaths which occurred among patients in whom the treatment had only partially been carried out, in eleven cases it was not commenced until after the eleventh day of the disease, and in seven of these not till after the fourteenth. In five cases only one or two baths were given, and the treatment therefore could not be considered to have been tried.

One case was admitted with acute meningitis and maniacal delirium, and died within thirty hours, and the surface of his brain was found covered with lymph. Three cases died of peritonitis, in two of which there was perforation ; of these one died in a relapse, during which he was not bathed. One case died of hemorrhage. One was the subject of valvular disease of the heart, of pericarditis, and pleu-

ris; in this latter case the treatment was not commenced till the twenty-ninth day of the disease, and he was only bathed on two occasions when the temperature became very high.

The remaining cases died of asthenia and hypostatic congestion of the lungs. No patient has died in whom the treatment was commenced before the eighth day, and only two in whom it was commenced before the tenth. Of the whole number of one hundred and twenty cases, thirteen, or ten per cent, relapsed; one relapsed twice. Of the forty cases systematically treated, five relapsed; four of the thirteen relapses proved fatal.

I may add that last year, in which the treatment by bathing, though still only partially, was more completely carried than in any previous year, the rate of mortality in the London Fever Hospital has been lower than has occurred since the exclusion of the pauper patients.

In conclusion, I trust I have brought forward sufficient evidence—not indeed to convince my hearers of the superiority of this mode of treatment—but enough to show that it is deserving of a fair trial, by the results of which it must stand or fall. Its objects all will acknowledge to be rational, and the means, when judiciously applied, are free from danger. Moreover, we may claim in its favor the weight of authority; and though we may not say in medicine, "*Errare malo cum Platone quam cum aliis verna sentire*," nevertheless, when we follow Currie, Gregory, Giannini, Horn, Chomel, Graves, Trousseau, Traube, Liebermeister, Brand, Jürgensen, Binz, von Ziemssen, Wunderlich, Chavanne, Cayla, we may feel some assurance that we are not wandering far from the right track. And I think it can hardly be doubted but that we have here a potent weapon, originally indeed forged in this country by a skillful artificer, but allowed to get rusty from disuse; but which, again sharpened and polished by the great physician of Stettin, has been restored to our hands—a weapon, by whose aid we may well hope that we shall succeed in saving a considerable proportion of those eight thousand victims who every year in England alone succumb to the attacks of this treacherous disease.

ANTISEPTICS IN OPHTHALMIC SURGERY.—Galezowski (*Recueil d'Ophthalmologie*, November, 1879) recommends antiseptic precautions for most operations on the eye—principally, however, in enucleation, operation on the lids, etc., and cataract extraction. All the instruments used, as well as the sutures and sponges, should be dipped in a solution of carbolic acid, 1 to 1,000 (!), and the wound, as well as the skin round about, washed

with the same solution. More concentrated solutions may be used in the case of enucleation, and the compresses must also be carbolized, etc. Galezowski also uses other antiseptic applications, such as boracic acid and vaseline, 1 to 100, in abscess of the cornea; also a one-per-cent solution of boracic acid for the purification of instruments to be used in cataract operations. Galezowski has had most excellent results since he has begun his antiseptics. It is difficult to see how failures could occur at all with such precautions.(1) This subject was also discussed at the Amsterdam Congress, where it was introduced by Snellen, who uses a one-per-cent solution of carbolic acid. He finds a spray impracticable, and has used instead, with great success, a current of air purified by being caused to pass through carbolic acid. As a dressing he uses linen saturated with vaseline, as he finds that the usual antiseptic dressings are too irritating and cause an increased secretion from the conjunctiva and palpebral glands." (Edinburgh Medical Journal.)

REMOVAL OF THE OVARIES.—Mr. Thornley Stoker, in reporting a case in which he had successfully removed the uterus, says (Dublin Journal of Medical Science): "The question of the propriety of leaving one or both ovaries behind when the uterus has been removed, is one about which much difference of opinion may arise. It may be argued that the monthly discharge of the contents of one or more Graafian vesicles into the peritoneal cavity is an undesirable circumstance, and might be the cause of subsequent mischief. For my own part I do not see how this could be the case. The rupture of the peritoneal covering of the ovary at the point of discharge is not more likely to cause irritation than it would in the case of a healthy woman who had never been the subject of operation, and in whom the peritoneum is infinitely more tender and susceptible than in a person in whom its cavity has been laid open for disease. Besides, the size of the discharged ovum— $1\frac{1}{2}$  of an inch—and the minute quantity of fluid which accompanies it forbids serious apprehension from its presence in the peritoneal

sac. On the other hand, I consider that, provided the ovaries be healthy, a distinct advantage must obtain from their being left *in situ*. A female possessed of these organs would—accidental circumstances being set aside—enjoy better health and spirits than one in whom they were wanting, just as a male possessed of testicles is more active, vigorous, and intellectual than one who has lost these appendages or in whom they are diseased or wanting from arrest of development.”

THE NUTRITIVE VALUE OF PEPTONIZED FOOD.—Dr. Wm. Roberts, whose recent lectures on peptonized food, delivered before the Royal College of Physicians, have been previously noticed in these pages, summarizes in the Medical Press and Circular his clinical experience in their use as follows:

I found that peptonized milk gruel was generally preferred, as being more agreeable to the palate, to simple peptonized milk; and by far the larger number of my observations were made with the former preparation. I was also soon satisfied that with most rare exceptions peptonized milk gruel was perfectly acceptable to the invalid's stomach, and that a diet composed exclusively of this article could be used for many consecutive weeks without the slightest sign of failure of nutrition.

The cases in which the use of peptonized aliment appeared to produce the most striking benefits were those in which complete anorexia prevailed, and those in which the stomach was intolerant of food, and immediately rejected every form of nutriment. A brief review of the results obtained in cases of this kind will, I think, prove instructive.

*Uremic Vomiting.*—In advanced Bright's disease incessant vomiting is sometimes a distressing and intractable symptom. In some cases of this class I have seen the vomiting at once and permanently allayed by the use of peptonized milk gruel. The downward course of the disease may not have been a moment checked, but the relief to the dying patient was great.

*Gastric Catarrh.*—That form of gastric catarrh which is the Nemesis of alcoholic excess often yields immediately to the use of peptonized food. In the later periods of cirrhosis there frequently prevails severe intolerance of every kind of food—the stomach rejecting even beef tea and diluted milk in the smallest quantities. The relief



afforded by the use of peptonized milk gruel in some of these cases is most striking—the vomiting ceases almost from the first, and the intolerable sense of distension diminishes.

*Crises of Cardiac Disease.*—Persons suffering from cardiac dilatation and valvular incompetency usually encounter one or more crises which are susceptible of relief before finally succumbing to their disorder. These crises are marked by a general venous stagnation, with severe congestion of the lungs, liver, and kidneys, and rapidly-rising dropsy. Associated with these symptoms, there is generally almost complete inability to take food, and sleeplessness. In this condition I have seen marked relief follow the use of peptonized aliment. I have long observed, as I doubt not have many of you, that the condition here described is often alleviated in the most striking manner by the use of exclusively liquid nourishment—such as milk or milk gruel given in small portions sub-continuously, or sippingly, as it were, throughout the waking hours—the patient being never permitted to take a distinct meal nor a particle of solid food. As my practice has been to direct in cases of this class the administration of the peptonized aliment in this sipping fashion, the gratifying results noted have been partly due to the mode of administration; but I have been convinced by more than one example, when the same liquid nourishment in the natural and in the pre-digested condition has been used in succession, that there was a distinct superiority in the pre-digested article.

*Pernicious Anemia.*—In the earlier periods of this singular disorder, I am inclined to hope that pre-digested aliment may prove a valuable resource. In cases where the aliment, although fully declared, was still of comparatively recent origin, I have, in the last eighteen months, seen the disorder checked under the use of peptonized milk gruel. In one case, owing to the irritability of the stomach, the milk gruel was at first administered per rectum with pancreatic extract, but was afterward tolerated by the stomach. In three of these cases the amelioration went on to complete restoration. In cases of longer standing I have failed by the same means to obtain the slightest improvement.

*Gastric Ulcer.*—The use of an exclusively liquid nourishment given sub-continuously, in the manner before indicated, is a well-known and most efficacious mode of treatment in these cases. But since adopting the plan of giving peptonized milk gruel, I think I have perceived that the results were distinctly better than before, especially in cases associated with epigastric pain. The almost absolute rest procured by this food for the ailing organ appeared to be an



additional advantage. I may be permitted to mention one case. The patient had suffered from copious and repeated hematemesis and from severe epigastric pain. The irritability of the stomach was such that the simplest nourishment given in the smallest quantities was immediately rejected. Peptonized milk gruel was, however, tolerated at once; vomiting only occurred two or three times during the two first days of the treatment, and then ceased, as did likewise the epigastric pain. This patient used no other food for a period of six weeks, and took daily from two to three quarts—with steady recovery of flesh and strength.

*Pyloric and Intestinal Obstruction.*—Peptonized aliment would appear to be especially suitable for use in these cases, but, so far, I have been somewhat disappointed in the results. The vomiting has generally been effectually controlled, but I have not been able to convince myself, in cases of pyloric stricture, that the fatal event was delayed even a single day. When the obstruction has been temporary, and due to a removable cause, the results have been of course more satisfactory.

I should be glad to see a further trial made of peptonized or partially peptonized milk in the gastric and intestinal catarrh of infants. In one severe case of this class a favorable result was immediately obtained; in another case there was greater tolerance of food and more comfort after it than with the use of simply diluted milk. It would be interesting also to have experience of the use of peptonized aliment in typhoid fever and in old age. The greater variety which can now be given to this form of food by the preparation of peptonized soups, jellies, and blanc-manges will obviate the monotony sometimes complained of under the continuous use of peptonized milk gruel.

*The use of Pancreatic Extract as an addition to Food shortly before it is eaten.*—The administration of pancreatic extract with or immediately after a meal, can, I think, have only a limited utility. On entering the stomach the pancreatic ferments encounter the acid of the gastric juice, and when this rises above a certain point the activity of the ferments is destroyed. Still a not inconsiderable interval of time must elapse before this point is reached, and during this interval the pancreatic ferments can accomplish a certain amount of work. I have repeatedly administered pancreatic extract in this way, but I am unable to say positively that I have seen benefit from this mode of administration. There is, however, a modification of this plan, which I have lately put in practice, that promises better results. It is to add the extract to the food fifteen or twenty minutes before it is eaten.

Certain dishes commonly used by invalids—farinaceous gruels, milk, bread and milk, milk flavored with tea or coffee or cocoa, and soups strengthened with farinaceous matters, or with milk—are suitable for this mode of treatment. A teaspoonful or two of the liquid pancreaticus should be stirred up with the warm food as soon as it comes to table. And such is the activity of the preparation that even as the invalid is engaged in eating—if he eat leisurely as an invalid should do—a change comes over the contents of the cup or basin—the gruel becomes thinner, the milk alters a shade in color, or perhaps curdles softly, and the pieces of bread soften. The transformation thus begun goes on for a time in the stomach, and one may believe that before the gastric acid puts a stop to the process the work of digestion is already far advanced.

This mode of administering pancreatic preparations is simple and convenient. No addition of alkali is required, and, of course, no final boiling. The only precaution to be observed is that the temperature of the food, when the extract is added, shall not exceed 150° F. (65° C.). This point is very easily ascertained, for no liquid can be tolerated in the mouth, even when taken in sips, which has a temperature above 140° F. (60° C.). If therefore the food is sufficiently cool to be borne in the mouth, the extract may be added to it without any risk of injuring the activity of the ferments.

*Pancreatic Extract as an addition to Nutritive Enemata.*—Pancreatic extract is peculiarly adapted for administration with nutritive enemata. The enema may be prepared in the usual way with milk gruel and beef tea, and a dessertspoonful of liquor pancreaticus should be added to it just before administration. In the warm temperature of the bowel the ferments find a favorable medium for their action on the nutritive materials with which they are mixed, and there is no acid secretion to interfere with the completion of the digestive process.

I have now had some experience in this method of alimentation, and have been satisfied with its success. In one case a patient suffering from post-pharyngeal abscess, which entirely occluded the esophagus, was nourished exclusively for a period of three weeks (until the abscess broke) on enemata of milk gruel mixed with pancreatic extract.

**CHLORAL-HYDRATE IN ACUTE GASTRO-ENTERITIS OF CHILDREN.**—Prof. Adolphe Kjellberg finds that there is no medicine which is of so much use as chloral in checking the vomiting in

acute gastro-enteritis of children. Being rapidly absorbed, it stops the vomiting, calms the patient, and often checks the diarrhea. It is best given by enema, so as not to risk its rejection by the irritable stomach. It should be given soon after the bowels have been moved. The dose for a child of from five to six months is twenty-five to thirty centigrams (three and a half to four grains), while to a child of from twelve to fifteen months fifty to sixty centigrams (seven to eight and a half grains) may be given. The bulk of the injection should not exceed a deserts- spoonful. The enemata may be repeated two or three times daily, and the dose may be increased if it is found necessary. In order to increase the effect of the chloral the author generally adds to each enema a drop of tinct. opii, and, if stimulants be indicated, five to fifteen drops of liq. Hoffman. At the same time other remedies are not neglected—iced water or cognac or champagne for the vomiting, opium for the diarrhea, hot mustard baths for albuminuria should it occur, stimulants for collapse, etc. (Dublin Journal of Medical Science.)

RECTAL FEEDING IN DISEASE.—Dr. W. Potter, of Batavia, N. Y., makes a most valuable contribution in the Medical Record on this subject, the principles of which he formulates as follows:

1. That rectal alimentation is a valuable agent, nay even an indispensable factor oftentimes, in the management of all cases of disability of the upper portions of the digestive tract when from any cause stom- achal ingestion becomes harmful or impossible.

2. That stomachal rest, in so far as the entire prohibition of buccal ingestion can make it so, is a condition precedent to success in all the severer maladies for which rectal feeding becomes necessary. There can not be the slightest doubt in regard to the adequacy of nutritive injections to sustain life and maintain the nourishment of the body, wholly unassisted by the ordinary methods of ingestion, for a con- siderable period (from three months to five years), as attested by well-authenticated cases of record.

3. "That rectal nutrition requires rather an explanation of its rationale than a demonstration of its truth."

4. That in a more enlightened understanding of its value and

certainty of action on the part of the profession rectal alimentation and medication will obtain a wider range of therapeutical usefulness than it has heretofore occupied. Limited in the past, speaking generally, to the severer forms of chronic diseases of the stomach and esophagus, I can not doubt that they will in the near future become of vast service in the management of acute disease when from any cause the stomach becomes intractable and rebellious.

5. That the rationale of rectal nutrition is not satisfactorily explained in the absorption of the aliments by the rectum or the colon alone; nor by means of the artificial digestion of the food previous to its injection, after the manner of Leube; nor by the vicarious secretion of the digestion juices, according to Flint; nor by the attraction downward of the digestive fluids of the stomach and small intestine, until the alimentary mass is met and rectal digestion is accomplished, also an ingenious proposition of Flint. But I am persuaded that the adequacy of rectal feeding in supplying nutrition and support to the body can be fully accounted for in the recognition of the retrostaltic action of the intestinal tube—the “intestinal inhausion” of Campbell—whereby the pabulum ascends to the small intestine, meeting there those digestive principles so necessary for its assimilation and chylication, preparatory to its admixture with the blood. Here also are found in abundance the lacteal vessels for the absorption of the chylous emulsion, ready to perform their part in the vital constructive process whereby blood is made for the repair of the wasted and worn-out tissues and for the building of such new ones as are demanded by the economy. Furthermore, that in this manner digestion is as certainly accomplished as though the food came by way of the mouth instead of the rectum.

6. That a timely and systematic employment of rectal alimentation and stomachal rest, in cases where the stomach is so disabled as to render the ordinary methods of ingestion harmful or impossible, is demanded alike by reasons scientific and humanitarian; and no person except the most ignorant or malicious could for a moment call it starvation. But, on the other hand, rectal alimentation, medication, and stimulation can be carried up to the point of affording the greatest amount of nutrition and support, and that wholly unassisted by any other means of ingestion.

7. That in many forms of disease stomachal ingestion is positively harmful, even though *all* food may not be immediately rejected. Such as is retained oftentimes undergoes decomposition, producing thereby fermentation, irritation, and distress, rendering it unfit for the purposes of nutrition; and finally the stomach expels the offending contents

undigested. In such cases digestion is so disturbed as to render stom-achal alimentation positively harmful—nay, even impossible—and its entire prohibition becomes at once a therapeutical factor of the greatest import.

8. And finally, that food sent upward through a healthy avenue in good and sufficient quantities will contribute with vastly greater certainty to the nutrition and support of the body than when it reaches the absorbents through a diseased and disordered digestive tract with its juices chemically at fault and all its functions rendered morbid by preëxisting reflex or organic maladies.

ON THE PARALYSIS WHICH RESULTS FROM ANGULAR CURVATURE OF THE SPINE.—John Duncan, M. D., Surgeon to the Edinburgh Royal Infirmary, in a short paper in *Brain* reports a number of cases of the above accompanied by the following very practical remarks:

Cases of caries may be divided into two classes, of which the types are very distinct, although they shade into one another with an infinite gradation. In the one class are those in which the disease has a constitutional, in the other those in which it has an external, etiology.

In the spine it appears to me that this distinction is as distinctly marked as in other parts of the body. Patients of the first group have the strumous or tubercular diathesis; near relations have had phthisis, or white swelling, or glandular inflammations. They have themselves the general characters of the diathesis, or have suffered from its pathological manifestations. They have spit blood or had pleurisy. They have scars in the neck, or tubercle in the lungs, or chronic joint-disease. In short, the personal or family history is bad.

In such cases the angular curvature is rapid in its formation. Psoas, or lumbar, or cervical abscesses form early in the disease. The patients sink from hectic or from amyloid degeneration of the liver and kidney. If paralysis make its appearance it is commonly from pressure on the cord, and is sometimes suddenly fatal in the cervical region.

Patients in the second class have generally some distinct history of serious injury. Their appearance is robust and healthy. The family and personal history is free from trace of strumous disease. Abscess is comparatively a rare occurrence. Paralysis, on the contrary, appears soon. Sometimes it precedes the projection of the spines,

and is accompanied only by tenderness on pressure or percussion, or on the application of heat or cold. The patients die from the effects of the paralysis, and if there be no paralysis the disease runs an exceedingly slow course. While the strumous form attacks the child or the young adult, this variety is more common in middle or advanced life.

The paralysis is peculiar. It confines itself specially to the motor track of the cord. Sensation is rarely affected. The motor paralysis is often of the spastic form, and is sometimes very extreme. The lower limbs are most apt to become paralyzed. The bladder and bowels retain their normal functions, or are only temporarily disturbed. Trophic changes also are infrequent.

Dr. Duncan adds:

Our local treatment is twofold, rest and counter-irritation. These cases illustrate the advantage that may be gained from both.

The latter must be combined with rest. Now rest for the spinal column is difficult to procure. It implies abrogation both of motion and of pressure. This may be attempted in two ways; by retention in bed, or by the use of apparatus. Until Mr. Sayre made known the value of the plaster jacket, the inefficiency of apparatus was such that recumbency was the recognized treatment for disease of the spinal column, at least in the Edinburgh school. But if the objects aimed at by apparatus be attained, its other advantages are manifest; and I believe that they are in great measure so attained by the jacket. It does not take off perpendicular pressure so completely as recumbency does. If the jacket alone be used, the body telescopes gradually into it, and the plaster sinks *en masse* unless it be very accurately adjusted to the pelvis. If the disease be at or above the sixth dorsal vertebra, it is essential that the jury-mast be also applied, and the head attached to it by elastic bands which act much better than rigid straps. But while apparatus may not thoroughly relieve pressure, at least it very effectively restrains motion, which mere recumbency can not. Even the actions of breathing are diverted from the ribs.

It is not essential that the material be plaster of paris. That is usually most convenient. But I have molded very comfortable jackets from the poroplastic splint material, and paraffin is light and easily applied in children, though not so durable and rigid in the adult.

The conclusions to be drawn from these cases are:

1. That there are two distinct varieties of inflammation which attack the bodies of the vertebra.



2. That in strumous cases there is comparatively little tendency to affection of the spinal cord.
3. That in chronic interstitial absorption there is a great tendency to paralysis, which presents the usual characters of what has been termed "pressure myelitis," with its secondary degenerations.
4. That this paralysis may often be cured by rest and counter-irritation.

THE DIAGNOSIS OF TUMORS OF THE MAMMARY GLAND.—Perhaps the most valuable contribution yet made to this very difficult subject is embodied in the following conclusions taken from Dr. S. W. Gross's forthcoming work entitled *A Treatise on Tumors of the Mammary Gland*:

Although the lines of demarkation between many of the tumors of the mamma are not very distinct, yet a careful attention to their more prominent signs enables one to arrive at a pretty correct judgment as to their nature.

1. A uniformly hard, perfectly movable, nodular, slowly growing tumor, particularly if it be seated at the upper and outer part of the gland of impubic subjects and of married women toward the twenty-third year, and be free from ulceration, alterations in the skin, veins, nipple, and lymphatic glands, is a solid fibroma, and the diagnosis is strengthened by the presence of several growths in one or both breasts.

2. A hard, lobulated, peripheral tumor, or one which, after having remained stationary or progressed slowly for several years, suddenly and rapidly acquires a large volume, assumes an unequal consistence, being firm at some points and soft or fluctuating at others, occurring toward the thirty-sixth year, unaccompanied by lymphatic involvement, but attended possibly with discoloration of the skin, deformity of the nipple, and limited superficial adhesions, and, it may be, with dilatation of the veins, discharge from the nipple, and ulceration and fungous protrusion, is a cystic fibroma.

3. A firm, rapidly growing, peripheral tumor, appearing in prolific married females at about the thirty-seventh year, with possibly discoloration and adhesion of the skin and ulceration, but without deformity of or discharge from the nipple, or enlargement of the glands, is a solid sarcoma. A tumor possessing these attributes and occurring toward the thirty-second year is probably a firm spindle-celled sarcoma, while one developing at about the forty-second year is more apt to be a firm round-celled sarcoma.



4. A lobulated tumor, particularly if it involves the greater part of the mamma, of quick growth from the commencement, or progressing rapidly after having increased comparatively slowly for some time, of large size, of varying or unequal consistence, occurring toward the thirty-third year, in prolific married subjects, and attended with discoloration of the skin, ulceration, enlargement of the veins, and possibly with discharge from the nipple and limited adhesions, or it may be with deformity of the nipple and glandular enlargement, is a cystic sarcoma. A very rapidly progressing tumor, of soft, apparently fluctuating consistence, with stretched skin and enlarged veins, appearing in young girls before puberty and in young married women, is a medullary sarcoma, which may be solid or cystic, and is, as a rule, composed of small spindle cells.

5. A solitary, rapidly and continuously growing, although not very bulky, rather firm or possibly soft tumor occurring at about the forty-fifth year, with limited discoloration of the skin, but not fixed to the chest, and attended possibly with deformity of the nipple, superficial adhesions, ulceration, dilatation of the veins, and enlargement of the axillary glands is a solid myxoma.

6. Cystic myxoma possesses the same consistence and growing attributes of the former variety, but it develops at about the forty-eighth year, and is liable to be attended with discoloration, adhesion, and ulceration of the skin. The veins, nipple, and glands, however, are normal.

7. A hard, heavy, nodular, solitary, very slowly and equably increasing tumor, especially if it develops in the immediate vicinity of the nipple of a married woman toward the thirty-fifth year, and is accompanied by adhesion and discoloration of the skin, and ulceration, and possibly by deformity of the nipple and enlargement of the glands, but is free from fixation to the chest and dilatation of the veins, and is preceded by a discharge from the nipple, is a cystic adenoma. A solid adenoma can not be distinguished from a solid fibroma.

8. A densely hard, inelastic, irregular, solitary, slowly growing tumor, occurring in prolific married females toward the forty-eighth year, inseparably connected with the mamma, accompanied by induration and enlargement of the associated lymphatic glands, retraction of the nipple, infiltration of and possibly nodules in the skin, ulceration, and fixation to the chest, and it may be by a discharge from the nipple, is a scirrhus carcinoma; and the diagnosis is strengthened if there be a history of heredity, if the tumor was preceded by psoriasis or eczema of the nipple, or if it developed from an induration left by puerperal mastitis.

9. A soft, lobulated, voluminous, solitary, and rapidly increasing tumor, occurring in the same class of women, at about the fiftieth year, and attended with infection of the glands and skin, retraction of the nipple, fixation to the chest, and possibly extension to the opposite breast, but without discharge from the nipple or marked tendency to prominence of the veins or ulceration, is a medullary or encephaloid carcinoma.

10. A hard, very slowly growing, small, solitary tumor, occurring toward the forty-fifth year, with adhesion to the skin, and, it may be, nodules in that structure, prominence of the veins, retraction of the nipple, and enlargement of the glands, and possibly with invasion of the opposite breast, fixation to the chest, ulceration, and discharge from the nipple, is a colloid carcinoma.

11. A densely hard, irregular and knotty, contracting and small, solitary tumor, occurring at about the forty-seventh year, and attended with retraction of the nipple, infection of the glands and skin, and possibly distinct tubers in the latter structure, ulceration, and immobility on the chest, is an atrophying scirrhus.

12. A slowly increasing, solitary, nodular, or slightly lobulated tumor, occurring after the menopause, covered by thinned and discolored skin, fluctuating, and probably discharging by the nipple, but without enlargement of the veins or glands, and without fixation to the chest, is an involution cyst.

13. A solitary, smooth, firm, and elastic, or possibly fluctuating tumor, occurring in the vicinity of the nipple of young and prolific married women, of moderate volume, of slow growth, and unattended with alterations in the veins, nipple, skin, or glands, or with adhesions, but liable to ulceration and enlargement of the glands if it inflames, is an evolution cyst.

14. A solitary, slowly growing, not bulky, fluctuating, or semi-solid tumor occurring near the nipple of lactating women, and unattended with changes in the coverings of the mamma or in the glands, is a lacteal cyst.

15. A slowly growing, small, smooth, round, firm and elastic, or fluctuating, solitary tumor, occurring between the ages of twenty and thirty years, seated at the upper and outer border of the breast, and not near the mammilla, with a disposition to ulcerate, but without other changes in the skin, veins, or glands, is a hydatid cyst.

## **Notes and Queries.**

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STRAWS.—A recent Washington special to the Cincinnati Commercial newspaper says:

The reckless and extravagant National Board of Health got a severe overhauling in the House to-day. The Board has spent a vast sum of money, most of it very foolishly. Last year half a million of dollars was placed to their credit, the idea being that only very little of it would be spent unless there was a widespread epidemic. There was no epidemic, and only a few cases of yellow fever in Memphis, yet the board spent all the money and are now clamorous for more. No vote was reached to-day, but it is clear, from the temper of the House, that the board will be held in check. There is a strong disposition to abolish it altogether.

The disposition referred to in the above is not, we regret to say, confined to representatives in Congress. It reaches many physicians as well. And worse—it has come to be shared by the people. There is no disguising the fact that the National Board of Health has not only failed to awaken the confidence of the profession, but has also incurred the distrust of the people. And there are many reasons for this. There were persons who disapproved of the manner in which the board was made up. They thought it unwise to require as a condition precedent to membership that candidates should subscribe to the dogmas of the Washington junta, which asserted there was but one gospel of yellow fever, and demanded that its headquarters should be fixed at the capitol and its high priests reside and minister there. There were other persons who were offended at the tone assumed by the board—an oracular tone, which fell harshly on their ears. The high-sounding pronunciamientos of the board estranged others, while a still larger number perhaps was frightened at the huge demands and small returns made by the board. Many persons naturally asked, If the board spends half a million

of money in a season when there is no epidemic, what will it spend when there is an epidemic? This, we know, is a small way, a contemptible way even, of putting the case—this way of laying money against health, of counting greenbacks against hygiene, of measuring sanitation by dollars and cents. And yet the people are a simple-minded folk, and in spite of the new evangel and its high priests, will reserve the right to criticise the doctrines of the one and the works of the other so long, at least, as they hold the purse-strings. Col. Sellers shouted for "the old flag and—an appropriation." The people are unanimous with the Colonel for the first, but the same can not be said for the latter. It is to be hoped that the National Board of Health and its several State echoes will profit by the letter of the newspaper correspondent. We can assure them it contains a truth worthy of their notice.

SANITARY SCIENCE IN ENGLAND—as seen on the point of the London Lancet: "Mrs. Partington trundling her mop in face of the Atlantic, shriekingly exultant as the tide recedes and incoherently despondent when it flows, is a type of sanitary legislators and legislation in the present day," and—we beg modestly to add—in America.

ANOTHER FRAUD NAILED TO THE COUNTER.—"The Cinchona Cure for Intemperance," which has been so extensively advertised and so much vaunted, is thus disposed of by Prof. Earle, of Chicago:

1. A chemical examination of the D'Unger preparation of so-called concentrated cinchona rubra shows it to be a diluted mixture of fluid extract of cinchona with water.
2. The amount of absolute alcohol is from two to twenty-four per cent.
3. The amount of bitter principle is as small in some specimens as one grain to the dram.
4. Engaged in a hospital practice where I have prescribed for nearly four hundred cases of alcoholism during the year, in addition to a private practice in which I see perhaps as many of these cases

as the average physician, I have yet to see the first reformation from its use.

5. *In not a single case* has the use of this preparation disgusted the patient with the taste of alcohol.

6. The taste for stimulants in many cases remains long after a reformation is complete. Indeed it is never lost in some, and a constant fight goes on between a desire for some form of stimulants and duty made plain by the education of the moral sense to abstain from them. Numbers of these men, encouraged by the repeated assertion that this taste could be certainly and safely destroyed have taken this medicine. In *every case* it has been the direct and only cause of these patients returning to their former sad and terrible habits. It has caused the downfall of every one who has come under my observation belonging to this class who has dared to touch it.

7. From a careful investigation of all the facts in my possession I desire to place on record that it is my belief that this cinchona treatment has made more drunkards during the past year in this city than any one saloon.

"AN ENGLISH AUTHOR, TRISTRAM SHANDY."—The *Archives de Tocologie*, February, 1880, has a very interesting article by Dr. Poulet, of Lyons, upon the application of the graphic method to accouchements. In it he describes a very ingenious instrument devised by him, and termed a *tocograph*, for registering the force not only of the uterine but also of the abdominal contractions in labor. But the amusing part of the paper is a reference made to Tristram Shandy and to Prof. Haughton, as follows: "An English author, Tristram Shandy, asserts that the infant is expelled by a force equal to two hundred and thirteen kilograms; recently one of his compatriots, Professor Haughton, . . . did not fear to affirm that the infant is expelled by a force of two hundred and sixty-two kilograms." This is as funny a blunder as can be imagined. Poor Sterne is as badly treated as was the learned clergyman, Yorick, whose sermon was stolen and preached as his own by a church dignitary. Readers of the Life and Opinions of Tristram Shandy of course remember that it was Tristram's father who made the statement that the force of a woman's strong labor-pains was

equal to the weight of four hundred and seventy pounds avoirdupois pressing perpendicularly upon the child's head. And Professor Haughton, the learned scientific man, the genial companion, and the dignified clergyman, a compatriot of the English author, Tristram Shandy!

AN ENGLISH COMPLIMENT TO AN AMERICAN BOOK.—Crichton-Browne, himself among the most gifted and scholarly of English physicians, thus speaks of *The Index Medicus*:

It is impossible to exaggerate the utility of this work or to extol too highly the accurate industry of those who are engaged in its compilation. Recording as it does all new publications in medicine, surgery, and the collateral branches of science, and all original communications in medical journals and transactions of medical societies, it arranges these in a manner that renders reference easy, the nomenclature and classification adopted being those of the Royal College of Physicians of London, based on Dr. Farre's well-known system. It brings compendiously before the worker in each department all contemporaneous research and speculation in his own field, it catalogues all substantial additions to medical knowledge, and it provides an inventory of the passing medical fashions of the day. To all medical practitioners, teachers, and authors it must prove useful; but to the provincial student who has not access to medical libraries and their array of journals it will be especially valuable by enabling him to ascertain what is being done by others in any subject that he may be investigating, thus guiding and stimulating his explorations and saving him from the repetition of twice-told tales. Happily provincial students of medicine—that is to say, those medical men who are not content with the routine of practice and money-making, but who feel the obligation under which they lie to promote the progress of medicine—are daily increasing in number. The country districts furnish much admirable work, and we think that the *Index Medicus* will tend to improve the quality of this work and increase its quantity, while at the same time it diminishes its bulk.

We beg the attention of our readers to the foregoing, and suggest that they lend material aid to this truly great work by at once enrolling their names as subscribers. The *Index Medicus* is a monthly classified record of the current medical literature of the world, compiled under the supervision of Dr.

John S. Billings, Surgeon United States Army, and Dr. Robert Fletcher, M.R.C.S., England; New York, F. Leypoldt, 13 and 15 Park Row; subscription \$6 a year.

MEDICAL LEGISLATION IN INDIANA.—The most important action of the State Medical Society was its indorsement of the bill regulating the practice of medicine originally proposed by Dr. James H. Hibberd. We believe both Dr. H. and the profession of the state are to be congratulated that the society has thus done, and we heartily hope that all factious opposition and all personal warfare will now cease. Let the Indiana doctors earnestly unite and secure, if possible, the enactment of this law by next winter's legislature. When enacted let it have a fair trial, and see if it brings the promised benefits to the people and to the profession. Their interests are mutual and paramount, while good medical schools will in no wise suffer from the law.

THE COUNTRY DOCTOR.—The following appreciative tribute to this hearty, wholesome, genial brother is from that sterling publication, the *Annals of the Anatomical and Surgical Society*, Brooklyn, N. Y.: "Some fifty miles from New York City there lives a country doctor whose gig has rattled over the stones and plowed through the mud of the vicinage for more than a quarter of a century. He still toils day and night at the vocation in which he has grown gray; he will never grow old. He started poor; probably he is not yet rich in worldly pelf. Yet the success of his life is such as would satisfy the reasonable ambition of any man. The visitor knocking at his door will be welcomed by a broad-shouldered, genial scholar who takes his guest to his heart when he gives him his hand, and opens wide to him the portals of a mansion where simplicity vies with elegance, and all domestic graces flourish in a Christian household. To have developed such a home were success enough for any man. But yonder is another and larger building. It is the fireproof library and laboratory where this man proves to the world, after a fashion of his own, that a country doctor has no time for sci-



entific pursuits, no stimulus, no fellowship. Here are thousands of rare and priceless volumes, collected, arranged, and mastered by this country doctor. How could he have found the time for all this? But this is not all. Up stairs, in a spacious hall, cabinet after cabinet is filled with collections of shells, of skeletons, of pathological specimens—thousands and thousands of objects of scientific interest, grouped, studied, and remembered by this country doctor. But this is only the by-play of his life. Year after year he sits at his desk in the half hours which he can save out of the day's turmoil, and, looking out upon the noblest of rivers and the fairest of scenery, he thinks out the great work of his career. Every year adds a few pages to the book, and each decade shows that he may hope yet to see his masterpiece completed."

MEDICAL STUDENTS IN SPAIN.—The Professor of Clinical Surgery in the Medical School at Seville says, in *Edinburgh Medical Journal*: "The number of students who matriculated in the last session of 1878 to 1879 was above seven thousand; the number of licentiates passed was one thousand one hundred and more. This number exceeds the requirements of our population, and I don't know what so many medicos as there will be in Spain in the course of four or five years are going to do."

THE LOUISVILLE MEDICAL COLLEGE is to be congratulated on the addition of Dr. Wm. H. Galt to its teaching corps. Prof. Ireland having been transferred to the chair of Gynecology, Dr. Galt has been placed in that of the Theory and Practice of Medicine—a position which he is exceptionally well qualified to fill.

MR. CHRISTOPHER HEATH has recently been elected president of the Board of Examiners of the Royal College of Surgeons of England. The honor could not have been conferred on a worthier man, or one who, by gentleness of manner with candidates or thoughtful consideration for the opinions of his colleagues on the board, is more eminently fitted for the place.

MR. CHIENE'S LECTURES—A MISTAKE.—The two lectures on the Practice of Antiseptic Surgery which concluded this most valuable course were prepared by Dr. Caird, one of the house surgeons of the Edinburgh Infirmary. Mr. Chiene stated the fact in the manuscript of the lecture immediately preceding those alluded to, but through some oversight it was omitted in print. It is superfluous to remark that Dr. Caird's lectures will compare favorably not only with the others of the course, but with any hitherto delivered on the application of antiseptics.

ALUMNI PRIZE OF FIVE HUNDRED DOLLARS.—The Cartwright prize of the Alumni Association of the College of Physicians and Surgeons, New York, which amounts to five hundred dollars, will be awarded, subject to the following conditions, to the best essay on some subject in medicine or surgery: 1. The prize is open to the competition only of alumni of the college; 2. The subject is left to the option of the contributor; 3. The essay must present sufficient original, experimental, or clinical observation to make it a useful contribution to medical knowledge; 4. The essays, designated by a motto, must be sent to a member of the committee on prize essays, accompanied by a sealed envelope inscribed with the motto, and containing the name and address of the author, on or before February 1, 1881.

Committee: A. H. Buck, M. D., 52 East Thirty-first Street; J. E. Janvrin, M. D., 120 Madison Avenue; W. T. Bull, 33 West Thirty-third Street.

The alumni prize, also amounting to five hundred dollars, will be awarded in 1882 subject to the same conditions.

TREATMENT OF HOUSEMAID'S KNEE.—Dr. G. W. H. Kemper, of Muncie, Ind., writes us as follows:

"In Braithwaite's Retrospect, part 62, page 151, Dr. C. R. Thompson contributes a summary of six cases of this affection cured by the plaster of ammoniacum and mercury. He says, 'I believe that the treatment of inflamed bursa patella by the plaster of ammoniacum and mercury is not so generally known

and accepted as it deserves to be.' After reading this strong indorsement I determined to try the remedy at the first opportunity. About the 1st of April of the present year Mr. M., a miller by profession, came to me with a well-marked case of 'housemaid's knee.' The affection had existed for several weeks, and had arrested his attention by the enlargement and uneasiness. I directed the above-named plaster spread upon leather and worn over the patella. He attended to his usual duties, and a cure was effected before the month was ended."

OBSTRUCTION IN THE ESOPHAGUS.—Under the above head C. M. Ramsdell, A.M., M.D., of Lafayette, Ind., writes us thus of a case occurring in his practice during the past winter:

"Mr. H. came to my office stating that he had been eating oysters, and had got a large piece of oyster-shell lodged in his throat. On examination I could detect the fragment just opposite the upper part of the thyroid gland, and from the ease with which it could be felt by the thumb and finger grasping the throat externally, I was satisfied that it must be quite large. It had been in its present position about half an hour, and was causing some pain. My brother, Dr. F. R. Ramsdell, was present, and suggested that before resorting to instruments we should try the effect of having him swallow a large oyster. We accordingly went to a restaurant, and, selecting a saddle-rock of immense size, Mr. H. took it in his mouth and started it down. As we had hoped, its bulk distended the esophagus, and its juices lubricated the passage so that with a little hard swallowing the oyster, shell and all, passed down into the stomach. He was given about an ounce of strong vinegar and discharged as cured. I have not seen him since that time."

BROMIDE OF ETHYL.—We can certainly hail this new-comer as another agent destined to alleviate sufferings, which by its own merits will win its way into the ranks of those we now hold as recognized measures for combating disease. (*Amer. Journal of Pharmacy.*)

PROBLEMS IN RELATION TO THE PREVENTION OF DISEASE.—This was the title of the very able presidential address of Dr. J. R. Weist before the State Medical Society of Indiana at its recent session. The society paid it the high compliment of directing twelve thousand extra copies to be printed for distribution through the state.

DR. HELLER'S CAUSTIC PENCILS consist of long, thin sticks of lunar caustic encased in wood. They look like ordinary lead-pencils, and are resharpened like the latter whenever the point is worn off. A metal cap is used for protecting the point when carried. The pencils are well adapted for cauterizing the throat whenever the application of nitrate of silver is desired. (*Amer. Journal of Pharmacy.*)

GOOD—IF TRUE.—A young American who had been in Paris a year studying medicine was visited by his father. He paraded the old gentleman through the city and pointed out its architectural lions. Finally they halted in front of a many-pillared building. "What is that lordly pile?" asked the old man. "I don't know," replied the youth, "but there is a sergent-de-ville." They crossed over and put the question. "That, gentlemen," said the official, "is the medical school." (*Medical Times and Gazette.*)

THE profession universally will regret to hear that Professor Alfred Swayne Taylor, M.D., F.R.S., is dangerously ill with congestion of the lungs and anasarca combined. The learned gentleman is over seventy-four years of age. His family and old medical friends are consequently in a state of great anxiety.

